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ORIGINAL DEPARTMENT.

A CASE OF DOUBLE CROUPOUS PNEUMONIA IN A CHILD, WITH REMARKS ON ANTIPYRETIC TREATMENT.

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The following case appears worthy of being placed upon record on account of its pathological and clinical interest. On December 2d, 1886, I was called to see F—C—, a boy, aged three and one-half years, who had been under my professional observation from the time of his birth. Born of healthy parents, he has exhibited a marked tendency to catarrhal trouble, chiefly affecting the gastro-intestinal canal. In the summer of 1885 he had entero-colitis, and in the fall had a violent attack of dysentery, which was ushered in with high fever (105°), and a fully developed convulsion. He made a good recovery and enjoyed good health during the ensuing year, returning to Philadelphia from the seashore, in October, 1886, in unusually good condition. He was always watched carefully and was exposed to no appreciable cause of sickness. In November, he began to exhibit catarrhal symptoms, affecting in a slight degree, the respiratory and digestive mucous membrane. He was confined to the house for at least two weeks prior to the onset of the attack now to be described, which occurred on December 2d.

He was noticed to become suddenly very hot, and, at the same time to grow dull and

heavy. I was summoned hastily, but before I reached the house he had a severe convulsion. The rectal temperature was 107° . After the convulsion he was heavy and dull and almost unconscious, but this state was disturbed by recurrence of severe convulsions at short intervals. He was immediately placed in a tepid bath, the temperature of the water being reduced until it was quite cool, and until his temperature fell to 104° . It rose again almost immediately after his removal from the bath, and the repetition of this measure did not produce any more lasting effect. Antipyrin was then given in the dose of three grains, repeated in three hours. The effect was very prompt and satisfactory. The temperature fell to $103\frac{1}{2}^{\circ}$, the skin became moist and relaxed, and the rectal temperature did not rise above 105° for several days. Careful exploration revealed no physical signs in connection with either the lungs or the heart. A close watch was kept for the appearance of eruption, but the second day passed without any such symptoms. Not until the third day, was it possible to make a positive diagnosis. At that time a fine crepitant r  le was heard over the left lower lobe posteriorly, and this was soon followed by the development of complete pneumonic consolidation of the whole lower lobe, with an extension to the posterior half of the upper lobe. The child was very ill, with temperature ranging from $103\frac{1}{2}$ to 105° , with rapid, weak pulse, and with very hurried breathing. The urine contained no albumen or casts, but presented the febrile characteristics in high degree, with an almost entire absence of the chlorides. The stomach was retentive, but it

was very difficult to induce him to take nourishment or medicine. On the 6th day there was a sudden rise of temperature to over 106° , with the appearance of threatening spasmodic movements. Antipyrin was at once given as previously, with equally good results. The physical signs of pneumonia of the posterior part of the right lung now appeared speedily, and went on to complete consolidation of the posterior half the of lower and upper lobes. From the 9th to the 20th days, it seemed scarcely possible that the child could survive from day to day. But the temperature, however, did not rise above 105° , and it was not thought necessary to resort to antipyrin again under these circumstances.

The respirations were from 60 to 80 in the minute, and the pulse ranged from 150 to 160. The cough was short, dry, and not very frequent or painful; there was no return of convulsions. The nervous symptoms consisted of great dullness alternating with spells of extreme irritability or delirious excitement; there were extreme debility and rapid loss of flesh. In addition to the occasional administration of antipyrin, as above mentioned, the treatment consisted in the use of quinia by suppository, four grains being given three times daily; and of ammonium carbonate, one grain every two hours, with, at first, tincture of aconite root, and after the eighth day, with tincture of digitalis. By the fifteenth day it had become impossible to administer the above remedies by the mouth, and the use of suppositories was followed by diarrhea; scarcely any food could be given. The signs of resolution were very slow in appearing, and the severity of the general symptoms was maintained. At this time an emulsion of cod-liver oil with lacto-phosphate of lime, which the child had taken willingly on several occasions for catarrhal attacks, was tried, and to my surprise was received with immediate favor, so that a large teaspoonful was given every three hours for a considerable time; brandy was given freely after the eighth or ninth day. The tendency to diarrhea was checked by injections of laudanum and starch water. Deservescence began about the eighteenth day of the attack, and, although not abrupt, was quite rapid, so that a temperature of 100° to 101° was reached by the twenty-first day. Even after this, however, the consolidation on both sides was very extensive, resolution advancing from below upwards and being more forward on the left side, which had been the first attacked. No expectoration occurred at any

time, the enormous amount of exudate being absorbed.

Temporary albuminuria of moderate degree, without casts, appeared during this stage of resolution, but passed away wholly subsequently. The consolidation was not entirely removed until the thirtieth day. The child was then a mere skeleton, barely able to move his hands, and unable to bear any weight upon his legs for six weeks subsequently. There were no sequelæ except a tendency to rectal irritation and diarrhea to which the child had been subject since his spell of dysentery. About April 15th, he had practically regained his health, and at this time he is stronger and fatter than he has ever been in his life.

The origin of this case of croupous pneumonia is obscure. As stated, the child had been confined to the house for at least two weeks prior to the onset of the attack. It is true that his system was extremely sensitive, and that the season was a very severe and inclement one; so that he may have been chilled in some accidental way. The sanitary condition of the house was good and there has been no sickness among other members of the family. The diagnosis was very difficult for the first three days. It is of course well known, that in some cases of croupous pneumonia, the general symptoms precede by a day or two the appearance of the local signs. But the violence of the onset here was such, presenting convulsions and stupor and rectal temperature of fully 107° , as to strongly suggest scarlet fever, occurring as this case did in an unprotected child. There was no enlargement of the glands at the angles of the jaw, and the mental condition made it impossible to determine if there was any sore throat. As there was a sister, a girl five years old, also unprotected, isolation was insisted upon until the nature of the case developed itself.

In estimating the gravity of the onset and the cause of the initial convulsion, it was of course remembered that an acute local affection occurring a year previously, had been attended with convulsion when the temperature reached 105° . I may here remark that the course of this dysentery and the readiness with which it yielded to rectal medication seemed to prove its local nature, and that there was no specific constitutional element present. This encouraged the hope that in the later attack also, it would be found that a developing local lesion was the essential cause. The interval between the appearance of the initial symptoms and the earliest demonstrable physical signs of pneu-

monia was unusually long. The chest was examined critically several times a day, and I believe it may be stated positively, that it was not until well into the third day that the crepitan râle first appeared. The action of antipyrin in this case is deserving of special attention. It was evident that the hyperpyrexia was, in large measure, directly productive of the grave nervous symptoms, and that unless it were reduced, a fatal result would speedily follow. It is difficult to overestimate the importance of meeting promptly such violent onsets in acute cases. While in adults the temperature may not go so high nor the nervous symptoms be so alarming, there is great room to fear serious damage to the heart muscle, the blood and the nerves. In children the fear of rapid and irreparable damage is even greater. The continuance of such excessive temperature for even a few hours will impart an added gravity to the case, which may determine its future course in a fatal direction. It would seem good practice to meet the abrupt development of such symptoms by remedies capable of antagonising them instantly.

Quinia and veratrum viride are too slow. Venesection may be the best remedy in suitable cases, but cannot be advised in childhood. The uncertainty of diagnosis in such cases as the above would add to the impropriety of resorting to it. The prompt use of cold water externally, or the administration of some antipyretic of immense power, are the only alternatives. The material is not yet at hand to decide as to the relative merits of the cool bath and of the remarkable new remedies antipyrin and antifebrin. It is clear that the former measure, the cool bath, does more than merely abstract heat; it exerts a positive action upon the state of the skin and of the nervous system. But so also do the latter named remedies cause other effects, both direct and indirect, than the mere reduction of the temperature. The question of the relative merits of these two modes of antipyretic treatment, and the determination of the cases which are best adapted for their respective use, is one of the most important clinical problems of the day. In continued fevers such as typhoid fever and scarlatina, where the hyperpyrexia is largely due to the poisoned state of the blood, even though there may be local irritative lesions which play a part in heightening the fever, the good results from antifebrin or antipyrin will often be found to be very transient; and if the doses of these remedies be pushed, it may be doubted whether injurious effects may not follow. In such cases it is probably

safest to suspend their administration after a few doses, and to try the effect of cold water externally; and if then its effect be no more permanent, to abandon antipyretic treatment in the hope that the case will run a more favorable course, even though the temperature be excessive, than if complicated by the repeated use of perturbative and ineffectual antipyretic measures.

But the brilliant results which may sometimes be attained from antifebrin and antipyrin can find no better illustration than in cases like the one here reported. It is impossible to draw any inferences from the superior efficacy of the external remedy to the cold bath in this single case, but it is very desirable that all should appreciate that we have recently had put into our hands agents of great power, very manageable when given in suitable and not too frequently repeated doses, and singularly free from any attendant ill-results.

The willingness with which the emulsion of cod liver oil was taken, and the apparent improvement which followed its use in this grave acute case, were noteworthy.

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FIBROMA OF THE FEMALE BREAST; BASED UPON A STUDY OF ONE HUNDRED CASES.

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NEOPLASMS composed of hyperplastic connective tissue, in which normal or variously altered preëxisting acini and ducts are sparingly interspersed, are classified as fibromata. From the persistence mainly of the acini, they are included by Birkett in his first group of adenomata or adeno-sarcomata, which he describes as being "compact, dense, firm, fibrous, lobulated, and invested by their own fibrous capsule;" and they are synonymous with the solid fibroid glandular tumors of Foerster, the adenomata with predominance of stroma of Broca, the *corps fibreux* of Cruveilhier, the chronic mammary tumors of Sir Astley Cooper, the pancreatic sarcomata of Abernethy, the adenoid tumors of Velpeau, the partial hypertrophies of Lebert, and the adenocèles of Bryant. That they form at least a part of the mammary glandular tumors of Paget is evident from the statement, that the connective tissue was very abundant in most of the specimens he had examined. From the very frequent presence

of preëxisting lacteal glands in their midst, Green, Duplay, Billroth, Erichsen and Beck term them adeno-fibromata. Klebs and Ziegler recognize an almost pure fibroma and an adeno-fibroma; while Virchow, Rosenstirn, Monod, Cornil and Ranvier, Lannelongue, Tripiër, Labbé and Coyne, Perls, and other modern investigators describe them merely as fibromata. The proliferous or vegetating variety, properly denominated cystic fibroma, is equivalent to the papilläre Drüsengeschwulst of Foerster, the cystosarcoma fibrosum of Rindfleisch, the fibroma intracanalicular of Virchow, the fibroma endocanalicular of Labbé and Coyne, the cystoid adenoma of Birkett, the true cystic adenocoele of Bryant, the proliferous mammary cyst of Paget, the hydatid or encysted tumor of Sir Astley Cooper, and the tuberous cystic tumor of Caesar Hawkins.

Fibromata are circumscribed, spherical, rounded, or ovoid, and have a nodular, bossed, or lobulated outline. Their consistence is usually firm and elastic, or hard when they are not succulent, or unequal when the fluid contents of the cysts are in excess, in which event they are elastic, or soft and fluctuating over the more prominent bosses, but firm elsewhere. On section they may be dry, white, nacraceous, or opaque-white, dense, and compact, and cry under the knife, and the interlacing bundles of fibrous tissue may be arranged concentrically around centres which project above the level of the cut surfaces. Minute examination of growths which present these peculiarities shows that they are composed of dense bundles of mature fibrous tissue, which is almost or entirely devoid of corpuscles, and that the small projections correspond to ducts and acini. This type corresponds, therefore, to the neoplasms formerly called fibroid or desmoid. In other specimens, as in Fig. 1, from Formad,* bands of wavy, connective tissue interlace in every direction. Such tumors are more or less juicy or moist, and of a glistening whitish, grayish-white, or rosaceous tint, and represent the majority of fibromata. In rapidly growing examples the minute structure is that of recent connective tissue abounding in cellular elements.

From the foregoing brief description it will be seen that the determination of fibroma depends upon the predominance of the fibrous tissue over the preëxisting glandular structures. It is very rare to find glandular elements entirely absent, but when present they must be subordinate to constitute a fibroma. When they are newly formed and preponderate over the fibrous constituent of the tumor, the latter is an adenoma, as is beautifully shown in Fig. 2. from Formad, which is introduced here with a view to compare the histological features of these



FIG. 1.

FIBROMA.—The newly formed fibrillar connective tissue is loose and wavy, and transverse cuts of bundles of fibres are seen at many points. In the upper portion of the drawing is a duct in transverse section, the epithelium of which has undergone irritative hyperplasia. $\times 300$.

two growths, and to show precisely what is meant by the term fibroma.

The smallest vegetating tumors have a lobed appearance, while the macroscopic features of the larger ones vary in accordance with the transformations to which they are liable. Thus, while the mass of the growth may be firm and of a milk-white color, the vegetations are not infrequently softer and more transparent. When they are very vascular, their tint is rosaceous, or decidedly red, or red in lines, or even ecchymotic. A yellowish hue is indicative of fatty changes, while myxomatous degeneration is characterized by areas of gelatinous appearance.

Inflammation and suppuration of fibromata are very uncommon, and fungous protrusion was met with in only five of the one hundred

* I am indebted to Dr. H. F. Formad for this and the succeeding illustration, which are taken from his forthcoming "Manual of Microscopic Diagnosis."

cases which I have collated. It is interesting to note, from a diagnostic standpoint, that these were all examples of vegetating growths, and that the skin around the ulcer was normal as respects freedom from infiltration and adhesion to the protruding mass.

In a unique case recorded by Satterthwaite,* a proliferous fibroma protruded through the dilated orifices of the milk ducts, without the intervention of ulceration, so that the nipple was surrounded by a mass of tissue which was eight lines high, and looked like exuberant granulations.

The degenerations and transformations of fibromata are the cystoid, fatty, myxomatous, osseous, calcareous, and telangiectatic; but they are infrequent. In about 3 per cent. of all examples they may be the seat of cysts, due either to fatty or mucoid transformation of the epithelium of the acini, or to myxomatous change of the connective tissue. In addition to the latter, there may also be fatty metamorphosis, and in this event the growth may contain blood or extravasation cysts. In 4 per cent. of all cases, provided they are of many years' duration, the mineral salts may be interspersed throughout limited portions of the mass, so as to impart to it the appearance of spongy bone; or they may be aggregated into a densely hard concretion, which, as recorded by Cruveilhier,† may resemble in size and configuration the head of the femur; or, as in the case of Monteils,‡ they may form plates surrounding the fibrous tissue, some of which contain osteoblasts. Ossification is very uncommon, the only example of that occurrence of which I have any knowledge being one of a true spongy osteoma, as large as a pigeon's egg, contained in a cystic myxomatous fibroma removed by Leloir.§

Although they are, as a rule, only moderately vascular, fibromata undergo telangiectatic transformation in 6 per cent. of all instances, which is usually associated with rapid growth, and is indicated in one half of the examples by a bloody discharge from the nipple. In these cases of increased vascu-

larity, which, as well as the calcareous degeneration, appears to be confined to the cystic fibromata, the vegetations are pervaded by large vessels, to the rupture of which may be ascribed the more or less transformed blood that is found in the dilated ducts, and the hemorrhages which occur when they protrude externally.

Fibrous tumors of the mamma are usually solitary. Thus, of 100 examples, which include twenty-four of my own, only 15 were multiple, two growths being present in one breast in five, one in both breasts in five, two in both breasts in four, and three in both breasts in one. In the last case, which was

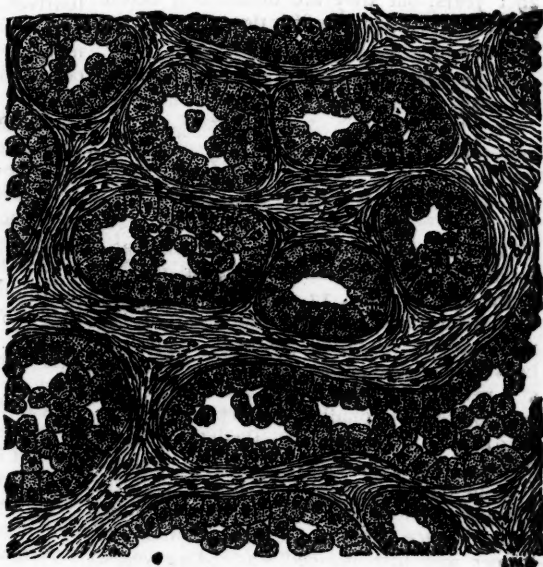


FIG. 2.

ADENOMA.—Showing a transverse section of newlyformed glandular tissue, contained in a relatively sparse fibrous stroma. $\times 200$.

under my care in March, 1887, I enucleated three fibromata from the right breast, which had existed, respectively, for twenty-four, five, and two years, and, after amputating the left mamma for carcinoma, discovered that, in addition to the malignant growth, it contained three small fibromata. The patient, who was fifty-one years of age, single, and still menstruated regularly, continues well.

When single they are, for the most part, peripheral, their favorite locality being the upper and outer portion of the left breast. Thus, of 85 cases in which the seat is noticed the tumor occupied—

* *The Medical Record*, 1874, p. 635.

† *Bull. de la soc. Anat.*, t. xlviii, p. 344.

‡ *Bull. de la Soc. de Chir.*, sér. 3, t. i, p. 472.

§ *Gaz. Méd. de Paris*, No. 52, 1878.

The upper hemisphere in.....	14
The lower " " in.....	9
The outer " " in.....	10
The inner " " in.....	9
The upper and outer quadrant in.....	10
The lower and " " in.....	4
The upper and inner " " in.....	8
The lower and " " in.....	5
The vicinity of the nipple and areola in.....	16

They are generally quite superficial, and, in rare cases, or once in every twenty-five, project beyond the level of the skin as pendulous or pedunculated growths.

They are met with as early as the seventh and as late as the seventy-fourth year, the average age of their first observation being 29.1 years, but they are uncommon before puberty and after the fifth decade. Of the 96 cases in which the age is noted—

19 appeared between 10 and 19 years.					
36	"	"	20	"	29
18	"	"	30	"	39
15	"	"	40	"	49
5	"	"	50	"	59
1	"	"	60	"	69
1	"	at 7 years.			
1	"	at 74 "			

Of the entire number, 7, or 7.29 per cent., occurred before the sixteenth year, namely at the ages of 7, 12, 13, 14, 14, 14, and 15, or during the developmental state of the mamma; 67 or 69.79 per cent., appeared between the sixteenth and fortieth years, or at a period when the breast and the genital organs are functionally most active; and 22.29 per cent., after the fortieth year, or during the period of their functional decline. It is, moreover, interesting to note that cystic fibroma develops later in life than the solid variety, since the average age at which the former was first noticed was 38.42 years, against 25.54 years for the latter. Hence it may be said that non-vegetating fibromata, which represent 63.54 per cent. of the entire number, are essentially outgrowths of the young and active mamma, while vegetating fibromata are outgrowths of the mature gland.

In the unique case of fibroma in childhood, recorded by Dr. Hopkins,* of Brooklyn, a tumor as large as a chestnut was enucleated from the right mamma of a girl seven years of age. At the end of six months, a small growth was noticed in the left breast, and two years later it had attained a diameter of one inch. At the expiration of five months, the entire breast, with four enlarged axillary glands, were removed. Sections of the growth examined by myself developed that it was made up of wavy fibrous tissue, in which were intercalated a few ducts.

Thirty-nine of the patients were single when the tumor was first observed, and

thirty-six were married, while the social condition is not stated in the remainder. Of the married women, twenty had more than one, and seven had one child, but four of these had never suckled; six were barren; and the question of children is not mentioned in three. In two the disease developed during lactation.

Of fifty-five cases, in which the menstrual function is recorded, forty-nine were regular, five were irregular, and one was the subject of metrorrhagia. Two of the patients after the fiftieth year were menstruating, while of the young subjects it is certain that the catamenia had appeared in one at the age of fourteen. Assuming, in the remaining six, and in five women after fifty years, that the menses had either not appeared or had ceased, it is evident that fibromata are developed principally during the menstrual epoch of life. These facts, when considered in connection with the statements concerning the social condition of the patients, demonstrate conclusively that neither celibacy nor disordered nor arrested menstruation is an important agent in their production.

In only fourteen instances, or in about one in every seven, was the tumor traceable to injury. In one there was antecedent mastitis; in two the mothers of the patients died of mammary cancer; while in one it appeared to be transmitted from parent to child. In the last case, recorded by Puls,† the left breast of the mother was the seat of two vegetating fibromata, while two cystic tumors were present in the left breast of the daughter. The general health of the patients was, as a rule, excellent.

The growth of fibromata is slower than that of the other connective tissue tumors, but it is very variable, and seems to be influenced by the presence or absence of vegetations. Of the solid variety, the smallest that I have met with attained a diameter of half an inch, and a thickness of three-eighths of an inch, in twelve months, and my experience shows that they rarely exceed the volume of a large walnut in three years. Even at the end of ten years they may be limited to that size,‡ or measure only three inches in diameter in eighteen years.§ A breadth of

* *Boston Med. and Surg. Journal*, March 26, 1885, p. 290.

† *Virchow's Archiv*, Bd. 94, p. 455.

‡ Labbé et Coyne, *Traité des tumeurs bénignes du sein*, p. 388.

§ Muriel, *Trans. Path. Soc. London*, vol. viii, p. 384.

an inch and three-quarters in six months is the most rapid growth that I have witnessed. The largest examples that I find recorded were of the size of a goose's egg in four years,* or of an adult hand, and weighed three pounds and a half in five years † or measured nearly twelve inches in length, and weighed seven pounds in twelve years; ‡ or had a circumference of twenty-two inches, and weighed four pounds in twenty years; § or attained the volume of two fists, and weighed upward of twelve pounds in twenty-one years. || On the whole, the rate of their growth may be computed at about two-thirds of an inch a year.

Cystic fibromata increase more quickly and acquire a larger size, as a rule, than the preceding variety. While it is true that they may require twelve months to reach the volume of a small chestnut, ¶ or six months, ||| eighteen months, ** two, |||| three, |||| and even four years, |||| to attain the dimensions of a hen's egg, they grow, on the other hand, to the size of a double fist or foetal head in two years and a half †† or six years, †† of an adult head in one year, §§ eight years |||| or twenty-five years, ¶¶ or have a circumference of twenty-nine inches, and weigh eight pounds in six years, *** or weigh twenty-nine pounds in seven years. ††† A peculiarity of their growth is that, while they may have been stationary or have progressed slowly for a long time, they suddenly, and without obvious cause, begin to increase rapidly, so that a nodule that has remained of the size of a walnut for five years and a half reaches the volume of a double fist in six months, †††† or a tumor which has taken twenty-four years to equal the size of an orange attains that of an adult head, and weighs nearly six pounds in an additional year. §§§ Under these cir-

cumstances the neoplasm will be found to be very vascular, or contain blood-cysts, or a large quantity of fluid. Hence the mode of increase is of importance as an aid in the diagnosis of the variety of fibroma, a slowly and regularly growing tumor indicating freedom from cysts and vegetations, and a suddenly and rapidly increasing tumor, with decided enlargement of its bosses, indicating the accumulation of fluid contents and intracanalicular vegetations.

It now and then happens that fibromata grow very rapidly during pregnancy, as in the case reported by Cras, while, in about four per cent. of all examples, they become larger and softer during the menstrual discharge and subside at its termination, while in one per cent. they become smaller and softer. In one case the tumor became harder and fuller just before the appearance of the menses, but returned to its former consistence and volume when the flow was established. In an instance recorded by Fergusson,* it increased very rapidly after the menopause; while, in a unique example reported by De Morgan, † the breast suddenly doubled its size during a severe attack of gout in the toe, but returned to its original dimensions with the disappearance of the disease.

Throughout their entire life, as a rule, the skin remains mobile and normal in texture and color; the subcutaneous veins are not enlarged; the nipple is natural; the neighboring lymphatic glands are not enlarged; and the tumors are free from superficial or deep attachments.

To these general statements there are some exceptions. In three cases the skin was adherent, but to a limited extent only in two; in four it was red, and in one of these, at points, almost purple; while in five, as has been already mentioned, it ulcerated. The superficial veins were tortuous and dilated in five. The nipple was depressed in three. In two the neoplasm was so closely connected with the pectoral muscle that some of its fibres had to be removed with it; while in another it adhered firmly, by two prolongations, to the periosteum of the sternum. In two instances the lymphatic glands were enlarged.

In one case out of every seven of cystic fibromata there is a discharge from the nipple, but this symptom does not appear to be present in the solid form of fibrous tumor. In an example recorded by Labbé, † a spontaneous, although scanty, escape of a whitish fluid preceded the detection of the new

* Schuh, *Chirurgie und Operationslehre*, p. 311.

† Bull, *Illus. Quart. of Med. and Surg.*, vol. i, No. 4, p. 83.

‡ Paget, *op. cit.*, p. 564.

§ Monteils, *Bul. de la Soc. de Chir.*, 3 ser., t. i, p. 472.

¶ Cras, *Bul. et Mém. de la Soc. de Chir.*, t. iii, p. 13.

¶¶ Labbé et Coyne, *op. cit.*, p. 397.

** *Ibid.*, pp. 448, 190, 131, 408, and 264.

†† Demarquay, *Bul. de la Soc. Anat.*, t. xliii, p. 492. Paris. 1868.

††† Labbé et Coyne, *op. cit.*, p. 259.

§§ Lebreton, *Bul. Soc. Anat.*, t. xliii, p. 282.

|| Heinecke, *Beitrag zur Statistik der Mammatumoren*, p. 2.

¶¶¶ Labbé et Coyne, *op. cit.*, p. 270.

*** De Morgan, *Trans. Path. Soc. Lond.*, vol. xxi, p. 352.

†††† Gherini, *Annali Univ. di Med.*, Feb., 1878.

††††† Labbé et Coyne, *op. cit.*, p. 259.

§§§ *Ibid.*, p. 270.

* *Trans. Path. Soc. London*, vol. iv, p. 353.

† *Ante.*

‡ *Op. cit.*, p. 397.

growth by two months, when it became bloody. In a patient under the care of Guyon,* a sanguinolent discharge was induced by the pressure upon the breast, but it had ceased for several years before the tumor was extirpated. In a third case,† there were several hemorrhages by the nipple during the rapid increase of the tumor, or during the last month of its existence. In a case of my own a yellowish brown fluid could be expressed; while in that of Watson,‡ the discharge was spontaneous. In all of these examples the cysts were more or less completely filled with highly vascular vegetations, so that a bloody discharge is indicative of that condition.

In 35 examples of fibroma pain was experienced. Attention was, however, first called to the affection by suffering in only 3 of the entire number, while in the remainder it declared itself after the discovery of the tumor. In 20, or more than one-half, the pain was of an intermittent, severe shooting, darting, lancinating, or neuralgic character, while in 15 it was slight and evanescent, usually darting, but not infrequently dull and aching. In 9 it did not appear until the tumor began to increase rapidly; in 4 it was experienced only at the menstrual period; in 2 it grew worse at that time, and in 1 during lactation; while in 1 the pain was aggravated after the cessation of the catamenia. In the examples of ulceration of the skin and fungous protrusion, the suffering was slight; in one, indeed, there was no pain at all, but the mass was exquisitely tender on handling. Including this case, only six were sensitive. In one of my own, a tumor not larger than a bean was, for the last three months of its existence, as intolerant of manipulation as a painful subcutaneous tubercle. It had existed for one year in the right mamma of a prolific female, aged forty-two, from whose left breast a similar growth was removed six years previously in Saxe-Weimar. In three examples the pain was neuralgic, paroxysmal and severe, and radiated to the shoulder, base of the neck, axilla and inner side of the arm. Not only were the tumors tender to the touch, but the mere friction of the clothing provoked suffering; while in one the patient was deprived of sleep, appetite, and the use of the corresponding arm. In none of these so-called *irritable tumors of the breast* did the growth exceed the volume of a small walnut. Hence, while it is true that amylenic neuromata occur in the mamma,

as has been demonstrated by Tripiér* in two instances, it is highly probable that the small growths which excite so much suffering are composed essentially of indurated fibrous tissue comprising nerve filaments.

Recurrence of fibromata is met with once in every twenty-five cases. The most remarkable of these is that recorded by Rosenstirn,† in which a tumor of one year's standing, and seated in the left mamma of a prolific woman of forty-five, was enucleated in April, 1855. In March, 1860, a growth of six months' duration was removed from the right breast. Four additional tumors were extirpated from the left mamma in March, 1861, August, 1862, August, 1866, and September, 1869, and two from the right breast in 1862 and 1869. They were all traversed by enlarged and deformed ducts. These illustrations of recurrence do not denote local malignity, but merely indicate that, in some women, there is a tendency to the formation of multiple fibrous growths, so that in these cases it was a question either of the further development of a nodule which was overlooked at the time of operation, or of the successive appearance of similar tumors in portions of the gland that remained behind. In all of these examples the growths were simply enucleated; but even when the gland has apparently been entirely removed, it need not excite surprise if fibromata subsequently make their appearance, since outstanding lobules are sometimes disseminated throughout the entire mammary region, and even in the axilla, and may readily escape the eye of the surgeon.

Other evidences of the innocent nature of fibromata are the absence of enlargement of the associated lymphatic glands and of secondary deposits in the viscera. Their benignity is, moreover, demonstrated by the facts that they had existed, on an average, for five years and eight months before they were subjected to the knife, and that the total duration of life from their first observation to the date of the final reports averaged fourteen years.

Although they are not malignant, fibromata may, in their open and fungating state, prove destructive to life through profuse suppuration and hemorrhage, or through the injurious effects exerted upon neighboring organs. Thus, Foerster‡ describes a solid tumor, eleven inches long, eight broad, and four inches and a half in thickness, which pro-

* *Ibid.*, p. 206. † Lebreton, *ante*.

† *Trans. Path. Soc. London*, vol. xix, p. 386.

* *Dict. Encyclop. des Sciences Médicales*, 2, ser. t. iv, p. 408.

† *Virchow's Archiv*, Bd., lvii, p. 166.

‡ *Op. cit.*, Bd., ii, p. 481.

duced absorption of a portion of the seventh rib, and penetrated the thorax, where, covered by the pleura, it formed a mass seven inches long, five broad, and three inches and a half thick, which rested upon the diaphragm, pushed the lung upward and completely compressed its lower lobe, dislocated the heart to the right, and curved the vertebral column to the opposite side.

The diagnosis of fibromata is based upon their indolent and insidious origin, their great mobility, peripheral situation, firm consistence, nodular or lobulated outline, slow growth, moderate dimensions for the period of their existence, freedom from alterations in the skin, nipple, subcutaneous veins, and lymphatic glands, slight liability to ulcerate and fungate, and to a discharge from the nipple, slight tendency to be painful during their progress, and upon their greatest frequency between the sixteenth and fortieth years, or, on an average, at the twenty-ninth year.

The only tumors that exist prior to the sixteenth year are fibroma and sarcoma, the former being more than twice as common as the latter. The fibromata are always solid, while the sarcomata are cystic in three-fourths and medullary in one-fourth of all examples; so that a firm solid neoplasm at that period of life is a fibroma and nothing else.

The distinction between the solid and cystic varieties may be made by attention to the following points: The former appear, on an average, at the twenty-fifth year; eleven per cent. develop before the age of sixteen, and sixty-eight per cent. before the thirtieth year. They are uniformly firm or hard, never fungate, nor are they marked by a bloody discharge from the nipple. The latter are never seen before the sixteenth year; occur, on an average, at the thirty-fifth year; and only forty per cent. originate before the age of thirty. Their consistence is unequal, being firm at points, and soft and fluctuating at others, they are more largely and deeply lobulated, fungate once in every seven cases, and discharge by the nipple in an equal proportion of instances. Adhesion and discoloration of the skin, enlargement of the superficial veins, ulceration, depression of the nipple, and deep attachments, features which are uncommon in fibromata, if present, are characteristic of the cystic variety. Their growth is, moreover, sudden and rapid after having remained stationary, or advanced slowly, for several years.

The diagnosis between cystic fibroma and cystic sarcoma cannot in every case be absolutely made without a resort to the micro-

scope, as they possess so many clinical features in common.

The treatment of fibroma is by enucleation from its capsule, the line of incision radiating from the nipple. If an involuting breast be the seat of several tumors, it should be excised, and the entire gland should be sacrificed if the growth be ulcerated. In women of fashion the scar may be hidden from view by adopting the practice of Gaillard Thomas.* When the tumor is of moderate volume, neither very small nor very large, that distinguished gynecologist makes an incision in the fold which unites the lower hemisphere of the breast to the thorax, through which that portion is dissected from its deep attachments, when an incision from the under surface of the breast admits of the removal of the growth. If the operation be aseptic, as all operations should be, and care be taken to drain the cavity left by the enucleation of the tumor, the resulting cicatrix will be scarcely apparent, especially as the greater portion of its extent will be concealed.

In recommending the removal of fibroma, I am not unmindful of the statement that it may disappear after marriage, or during pregnancy, or at the climacteric, but I cannot find the slightest evidence confirmatory of this assertion. Broca† regards compression as an efficacious measure; while other surgeons resort to sorbefacient plasters and unguents. These expedients I regard as not only useless, but as positively detrimental, as they may excite active growth. Nor do I favor the let-alone policy of some surgeons. As I have elsewhere pointed out,‡ fibroma is liable to be transformed into sarcoma and carcinoma; and the cystic variety, if not timely removed, not uncommonly ulcerates, and protrudes large fungous, offensive and bleeding masses. Then, too, a tumor of the breast, no matter what its nature may be, is always a source of anxiety. It is for these reasons that I advise an early operation, as it is the only means which will rid the patient of these risks and annoyances.

SENILE GANGRENE, COMPLICATED WITH ENCEPHALOID CANCER OF THE FACE; SPONTANEOUS AMPUTATION; RECOVERY.

BY CLARENCE G. HOLLISTER, M. D.,
UNION CITY, PA.

The remarkable feature of this case was

* *New York Med. Jour.*, April, 1882, p. 337.

† *Traité des tumeurs*, t. ii, p. 462.

‡ *A Practical Treatise on Tumors of the Mammary Gland*, p. 23.

the wonderful work of nature, hampered by the cancerous cachexia and persistent anemia, from continuous and severe hemorrhages, in separating the dead from the living tissue, making an amputation of which the best surgeon might be proud.

Mr. B., about sixty years old, had for many years suffered from numerous scaly spots upon his face, some of which ulcerated through the integument. About two and a half years ago one of these ulcerated spots rapidly developed into a true cancer, situated upon the right cheek and temporal region. It took on a malignant form and the patient was averse to surgical interference, being somewhat discouraged by the unsatisfactory treatment of his face for many years, so that he failed to call upon any medical gentleman for assistance until the disease had progressed so far as to make interference useless. At the end of about two years he had a large mass of raw cancerous tissue upon his right cheek which bled so profusely as to bring him almost to death's door. On October 16, 1886, he was seized with excruciating pain, commencing in the right-knee and extending to the foot and ankle. It was with difficulty he could be kept quiet for a moment. He said he would rather die than suffer such pain for thirty minutes, which coming from one who had suffered so much, meant a great deal.

Upon examination, no swelling, or heat, or loss of temperature, could be discovered. So far as physical signs were concerned the foot and leg were normal. Repeated hypodermic administration of morphia allayed the pain and gave him some rest. Realizing that there must be some physical signs of the origin of the pain by another day I left him, with instructions to administer the morphia in doses large enough and often enough to control the pain. Upon visiting him the next day, and again carefully examining the leg and foot, I discovered the key to the trouble—a slight coldness of the foot, extending from the toes about half-way to the ankle. This was very slight, however, and there was no other physical sign. The patient complained of a slight feeling of numbness, "as if the foot were asleep." Being thoroughly under the influence of the morphia, his pain was slight. I now informed the family that gangrene of the extremity was to be feared and expected. Subsequent events proved that my fears were well grounded, as there immediately supervened that peculiar pathological phenomenon, death of the extremity, followed by a wonderfully fine operation of nature, separation of the

dead from the living tissue, with a reparative process, entirely unlooked for in a patient so reduced in blood, and in one so saturated with the cancerous poison, as evidenced by the large malignant growth, with its accompanying manifestation of the cancerous cachexia. The condition being one of dry gangrene, I had nothing to do but to use the best tonic remedies, with supporting diet and opiates to control the intense pain. Commencing at the toes, the gangrene gradually extended upwards to within about three or four inches of the knee-joint, at which point the line of demarcation became visible about eighteen days after the first symptom of pain. This line extended quite around the leg. Above it, for a distance of about two inches, distinct coldness was perceptible. Before the first week had elapsed, the extremity was dark and cold half-way to the knee. Upon applying an antiseptic solution of carbolic acid a change in color gradually took place. From dark blue it gradually became a sort of dirty green. The toes became mummified and boggy, and the foot and leg swollen. Remarkably slight systemic disturbance followed these changes. The patient ate, and slept, and talks rationally of his disease, occasionally joking about it.

At this time Drs. Rockwell and Sherwood saw the case with me, and agreed that it was very doubtful that the patient would live long enough for nature to complete the process she had begun. How well he stood the terrible drain is shown in fig. 1, taken from a photograph made when the tissues were entirely amputated and the skin over the stump well formed. His pulse at this time was rarely over 100, his bowels were regular. He had occasionally, slight mental disturbance. His tongue was somewhat coated. These were about all of the constitutional symptoms. Having decided, with the advice of Drs. Sherwood and Rockwell to let nature take its course, I simply continued the general supporting plan of treatment, with pretty large doses of morphia to keep the patient comfortable. Certainly if nature, hampered with such a complication as existed in this case could complete the process necessary for the successful separation of this poor man's leg, her powers would be greatly elevated in our estimation. How well she performed her part is now plainly seen. We did not theorize much as to the cause of the gangrene. It is possible that an embolus was carried from the degenerated mass on the patient's face to the extremity and then lodged and obstructed the circulation. Or, diseases of the blood-vessels in the foot may

have obstructed the circulation. This, however, is pure speculation, and it is not the object of this report to discuss the cause of the gangrene, but simply to show how wonderfully nature may do her work, even when almost denied the elements necessary for it, and to lead to greater confidence in the ability of nature to throw off disease, and to place the physician in the position of an assistant and not that of the active healer. On Nov. 4th, the patient was evidently weaker, but still so strong as to cause surprise

about 100, and the heart's action was very feeble.

On Nov. 29th, the patient was not losing strength as rapidly as we had expected. He still sat up in bed, although with much effort. He was now taking about half a grain of morphia every two hours. About two weeks ago I called and found his abdomen terribly distended. Indeed, it seemed as though it would burst. Upon inquiry, I learned that his bowels had not moved for about eight days. Enemata of turpentine



to all. He had had a bad hemorrhage from the cancer very recently. The condition of the foot and leg was progressing; the greenish discoloration extended over the whole foot and ankle. The leg, two-thirds of the way to the knee was almost black. The line of demarcation was now visible at the point before indicated. When the effect of the morphia wore off a little, he experienced intense pain, almost as bad as when I first visited him. The leg above the line was swollen, and quite tender upon pressure. The pulse was

and castor oil were given, and the bowels moved freely, much gas passing off and the distension rapidly subsided. He took liquid food almost exclusively. During the last week the ulcerating line had commenced to separate the dead from the living tissues. Below the line the leg and foot were dry and hard.

The line of demarcation described an irregular circle around the thickest part of the calf of the leg, and in a general way seemed to be a sort of a dropping away

of the dead tissue from the living and the leg was about half an inch smaller at the line of the dead tissue than at that of the living. The leg and foot were black, and hard, and dry, the skin imparting to the touch a sensation of extreme thickness. There was an opening on the outer side of the line of demarcation which seemed to open into a cavity, as large quantities of thick pus discharged through it.

The cancer on his face caused the patient much pain, with frequent hemorrhages. The odor from the face and leg was almost unbearable, and with difficulty kept down by the best of disinfectants.

At this time, May 20th, the patient is in the condition indicated in the illustration, which is from a photograph taken this day; the amputation is complete, with the exception of the bones of the leg, and they are beginning to separate. In a few days, the foot and leg will probably drop off. As shown in the illustration, the stump above is perfect, nicely skinned over, and to all purposes as fine as any made by a surgeon.

A very interesting point in the case is the fact that, the bones are separating about half an inch above where the skin comes down to them, nature thus providing plenty of skin to cover them.

To recapitulate: we have a patient 60 years old, who had suffered for two and a half years from a malignant cancer of the face, and had been brought down to a weak, anemic condition by severe and frequent hemorrhages. Suddenly attacked with senile gangrene, he yet bids fair to live through the whole operation of nature's amputation of the foot and leg. At this time, May 20th, as is shown by the illustration, he has nearly got through with the gangrene, and were it not for the cancer he might live to a good old age.

Let us therefore in future, place more confidence in the power of nature to help us out in such terrible conditions, when other help seems of no avail. And let us realize more fully that, in all pathological conditions, nature is the chief healer, and we are her assistants.

[A telegram kindly sent by Dr. Hollister, in response to a query, and dated June 28, 1886, states that this patient is holding his own. The slough has separated. He eats well, and temperature is normal. Pulse, 100. Stump and skin healthy.—EDITORS OF THE REPORTER.]

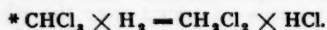
BICHLORIDE OF METHYLENE—AN ANÆSTHETIC.

BY LAWRENCE TURNBULL, M. D., PH. G., PHILA.

PREPARATION.*—By acting on chloroform with nascent hydrogen.

CHARACTERS.—A colorless, volatile liquid with smell like chloroform.

Methylene or bichloride of methylene was carefully studied by Dr. Richardson, who gave it a very high character as an anæsthetic. This was 1867. His views were soon called in question by Nussbaum in Germany, and Tourdes, Hept and Péan in France, while Spencer Wells took up the subject and defended it in England. For years it was fully tested at Moorfield Ophthalmic Hospital; but two deaths occurred without any indication of danger from the state of the pulse or heart. In 1879 I had it prepared by Dr. W. H. Green, and even with all his care the specimen contained chloroform, and was very costly. It was then tested by the late Dr. Washington Atlee, the article having been obtained through Spencer Wells; but Atlee did not find it as satisfactory in ovariectomy as his mixture of ether and chloroform. *Op. cit. infra.*, p. 130. Subsequently four more deaths occurred from its use.† Spencer Wells stated at the meeting of the British Medical Association, 1877: "Whatever may be its chemical composition, whether it is chloroform mixed with some spirit or ether, or whether it is really bichloride of methylene, I am still content with the effects of the liquid sold under that name." It is, I believe, still employed in the "Samaritan Free Hospital" of London by the officers in charge; but Spencer Wells has retired from the institution where he achieved such wonderful results. The operation of ovariectomy has been improved upon by Mr. Lawson Tait, under the use of ether, namely, one hundred and thirty-nine consecutive operations without a single death. Four years ago, M.M. Regnaud et Villejeau (*Journ. de Pharm. et de Chem.*, 1883) undertook a research which has recently been completed, and which led them to the following results: that the commercial



Boiling-point, 40° C. (104° F.).

ACTION.—Like that of chloroform, but more rapid, though a larger quantity is required. It depresses the action of the heart more than chloroform, and death is even more sudden and without warning symptoms.

† See list of deaths, with details. *Turnbull's Manual of Anæsthetic Agents*, 2d Ed., p. 66, Phila., 1885.

methylene, obtained through agents accredited by Sir Spencer Wells, and therefore genuine, was a mechanical mixture composed of four parts of chloroform and one of methylic alcohol. In some comparative experiments they administered the two agents, finding that while the commercial agent behaved precisely like chloroform, the genuine methylene bichloride produced choreiform and epileptiform convulsions.

HOSPITAL NOTE.

TREATMENT OF INFANTILE HYDROCELE.

Reported by J. T. Freeland, M. D., Assistant Surgeon of Hospital for Ruptured and Crippled.

In looking over the records of this institution, I found that one thousand one hundred and fifty-seven cases of infantile hydrocele have been treated here in the dispensary department. The treatment of this class of cases has varied at different times; but I notice that the change in treatment has been from the severe (*i. e.*, setons, iodine-injections, drawing out through an incision and snipping off a bit of tunica vaginalis) to the mild, and the results are now as good as they have ever been.

We first prescribe

Tr. bellad.

Tr. iodinæ co. $\bar{a}\bar{a}$ $\bar{3}j$.

M. sig.—Apply over hydrocele twice daily.

This is generally sufficient to relieve within a week or two, especially so if the infant is but a few weeks old.

If this fails to cause absorption after a fair trial, the fluid is drawn off by a hypodermic needle or a small trocar. It may be necessary to draw the fluid a second time, rarely a third; as the fluid does not show the tendency to reaccumulate in children as in adults. This last point is an important one, and should have much to do in changing the treatment generally employed by physicians.

The treatment given is applicable to all the forms of hydrocele, congenital, acquired, diffuse and encysted of the cord.

REPORTS OF SOCIETIES.

NEW HAMPSHIRE MEDICAL SOCIETY.

NINETY-SEVENTH ANNUAL MEETING, HELD IN
THE CITY OF CONCORD, N. H.,
JUNE 21, 22, 1887.

Tuesday, June 21—Morning Session.

The society was called to order at 11 o'clock by the president, Carlton P. Frost,

M. D., of Hanover.

The attendance was large, for, with a membership of two hundred and fifty, over fifty per cent. were present. That the profession in New Hampshire are interested in any legitimate means to elevate the standard of medicine, was illustrated by the number of new members received into the association—twenty—as well as by the prompt instructions to the Board of Censors to take peremptory measures to revoke a license which had been secured during the year on a diploma from a fraudulent university.

The first paper upon the programme was the President's address, in which he welcomed the members to the ninety-seventh annual meeting, and referred briefly to its objects and aims, and made suggestions as to some changes in the manner of doing its work.

He referred in fitting terms to members and ex-presidents who had died during the year—Dr. Luther M. Knight of Franklin, and Dr. A. H. Crosby, of this city, as follows: "Dr. L. M. Knight, a man whose warm heart and genial ways had endeared him to all who knew him, has passed away, after reaching the ordinary limit of human life. He has left an honorable record as a physician, as a surgeon in the service of his country, as a good citizen, and a Christian gentleman." "Dr. A. H. Crosby always ready with a pleasant word and a cordial greeting, ever seeking to promote the interests of those who came to him for professional council or aid in any emergency, was suddenly called away in the prime of professional life and influence. Highly esteemed as a surgeon by inheritance and by his scientific attainments and skill receiving the confidence of his patrons who were many and widely scattered over the state, he honourably closes for the present at least, the list of distinguished teachers and practitioners in his branch of a family whose names will be long remembered in this state and in this country."

The theme of the address was, The Etiology of Diseases, and in introducing the subject Dr. Frost said: The most recent theory in regard to the causation of disease, at least the theory whose study and elucidation have occupied the very careful attention of the investigators in the field of medicine, and has led to the most satisfactory results in many respects, is the germ theory, or the theory which rests on the belief that many diseases are caused by the introduction into the body, from without, of certain minute organisms whose development and reproduc-

tion cause such changes in the fluids and solids of the body that their normal vital actions are dangerously interfered with." The steps by which this theory has established itself in so many minds as worthy of acceptance were traced briefly and skillfully. The address received close attention and hearty applause.

The next paper on the programme was "Obstetrics: Thirty Years' Experience in a Country Practice," by Dr. William Child, of New Hampton. Dr. Child in this paper urged that a frequent reviewing of what may seem familiar points in obstetrical practice tended to proficiency therein. Personal experience, showing how many cases progressed rapidly and ended kindly without any aid, and the few that did require real skill, was given. Forceps were declared to be, first, the mother's instrument, then, second, the child's. Attention was called to the fatality in footling cases, and it was stated that this might be avoided by at once extending body of child between the knees of the mother to and upon the abdomen; decided traction being used if necessary; delivery of head will thus be ensured without delay. Attempts to deliver by extension in the line of the mother's body was condemned; with this method many children die.

In abortion with hemorrhage, the tampon was recommended as the only real remedy; this is to be of a continuous strip of fine cotton, one and a half inches wide, well oiled and then closely packed into the vagina; should be of one strip for convenience of introduction and removal. He had no new procedure to recommend but the utmost vigilance was urged in all uterine hemorrhages; more injury being done by indifference than by real want of skill. He recommended that ether and chloroform be employed only in obstetrical operations, or in very severe and painful labors. Some cases of puerperal convulsions were related. Treatment recommended as each particular case might demand. Bleeding in plethora; opium in spinal or cerebral anæmia; active cathartics in apoplectic indications, chloral and bromide of potassium in general nervous excitability. If convulsion persists, deliver with forceps as soon as relaxation of soft parts will allow. Placenta previa cases demand the greatest courage, promptness and judgment to attain the best possible successful treatment. Obstetricians should never leave such cases for a moment until the danger is over. Caution and boldness are the only remedies when once the diagnosis is settled. More cases are lost from want of decision and

promptness of action than from real want of skill.

Dr. J. W. Parsons, of Portsmouth, opened the discussion by disclaiming any new or unusual methods, and in reference to the doctor's early experience said he believed a frank confession of almost all obstetricians in their early cases would be much the same as that of the country practitioner. He emphasized the rules given by Dr. Child and complimented him upon his almost uniform success.

Afternoon Session.

Dr. C. A. Morse gave an account of an epidemic of diphtheria in Newmarket in 1885 and 1886, in which there were one hundred and twenty-three cases treated, with a mortality of twenty-seven. There was one case of a child less than one year of age and one of a woman forty-four years old, but a large proportion were between the ages of four and twelve. In this it did not vary from the experience in other places. The writer claimed with considerable reason, that the epidemic originated or was developed in a primary school building, as the first case was taken ill while at school and during the time the school was open, twenty-nine out of the whole number of forty-seven, including one teacher, were taken ill; and with a mortality of sixteen, or more than fifty per cent. of those taken ill. The school was closed, the building thoroughly disinfected and there has been no trouble since. That the epidemic was very severe was shown by the great variety of secondary symptoms, as almost every form of paralysis was described as following the active symptoms. The discussion was opened by Dr. G. P. Conn, of Concord, who, in reviewing the paper, said, that in diphtheria as in all zymotic diseases, the physician would do more good to the community in the prevention than in the cure of such diseases; for when the epidemic gets a foothold, a certain number of deaths will follow before the cause of the trouble is eradicated and that it always proves embarrassing and discouraging to the physician to have the same influence which caused the disease depressing the vital powers of the patient and thus handicapping every means he could use to restore the child to health. The satisfaction a physician derives in the practice of medicine is destroyed unless he can feel that his efforts are to be rewarded in saving life; and when the well are made sick and those ill are made worse because waste and effete materials are left to decompose, thereby rendering the earth, air, and water contaminated, it is

no wonder the physician becomes disheartened and discouraged. It is gratifying to the profession and to the public to know that the epidemic described resulted in an increased effort on the part of the authorities of the town of Newmarket to effect a sanitary reform in their village.

Laceration of the Perineum.

The paper of Dr. F. B. Perkins, of Londonderry, on Laceration of the Perineum, gave as the most prominent causes:—rapid deliveries, large foetal heads and faulty mode of supporting the perineum. Too much discredit, he said, was cast upon the forceps as a cause of rupture. Danger from this source arises from the fact that they are as instruments of direct traction, instead of instruments to complete a normal process.

The following summary of preventive methods was given:

1. Pressure upon foetal head to prevent rapid descent. Avoid use of ergot. Dissuade patient from making voluntary effort, place patient on left side.

2. Administer chloroform or ether to relax vulva and perineum, anoint liberally with belladonna, perform episiotomy. Draw forward with the hand the perineum and anus, or the perineum alone by hooking the fingers in the anus (Goodell's plan). Hook the fingers in the posterior commissure and draw backward toward the coccyx with each pain. Judicious use of forceps an efficient means of prevention. Ocular examination of parts after delivery. Immediate operations for repair.

Dr. C. S. Whittier of Portsmouth opened the discussion, and in the course of his remarks, gave a full and clear description of the most approved method of operation for the restoration of a complete laceration and quoted from the recent edition of Drs. Goodell and Emmet in support of his position.

The Report on Therapeutics.

The report on Therapeutics, by Dr. L. C. Pattee, of Manchester, was long and historical in character. In the discussion that followed, the new remedies for reducing temperature, antipyrine and antifebrine received a share of attention, and the gentlemen discussing their merits were divided in their opinions as to the merits of these drugs. The same was true in regard to their efficiency in cases of pain. Nothing was said by anyone about the use of sulphuretted hydrogen and carbon dioxide in the treatment of phthisis; therefore we are unable to throw any light upon the dispute between the physicians of Baltimore and Chicago, whether

the gas, in theory, should be more fatal to the microbe or patient.

The Report on Surgery.

The Report of Surgery, by Dr. J. Cutler, of Peterborough, consisted of a report on four cases of abdominal section for the relief of ovarion disease, one of which was a cystic uninocular tumor and the second was a multilocular, and were successful. The other two cases, being complicated by the malignant nature of the tumor, died in a short time after the operations. The reporter drew the following conclusions in regard to these four cases;—Cases Nos. 1 and 2 were simply uni- and multiocular ovariectomies. The diagnoses were correct, the operations successful, and the recoveries as complete as the ages and general health of the patients would admit of. Case No. 3 was complicated with cancer, and the question arises as to the abandonment of the case without completion. The reports of Brown, Wells, Fox, Peaslee, Kimball, and Thomas all quite fully sustain the ground of a complete operation in cancerous complications. In case No. 4, the circumstances appear to fully justify a complete operation, and the best interests of the patient and those interested would appear to have demanded a much earlier one.

The remaining portion of the report consisted of a review of fourteen cases of hernia. The first three required an operation before reduction could be accomplished, with two deaths and one recovery. The fourth case was reduced under ether, while the fifth was operated upon and recovered only to have a recurrence five years later, when the patient refused to have a surgeon's aid and died in three days, fulfilling his threat, "that the doctors should never touch him again." Of the remaining eight cases, only one required an operation to effect a reduction of the tumor, and this one died the third day; the others were relieved without resorting to an operation. The inference to be drawn from these cases is that the patients and friends naturally shrink from the knife and that earlier operations would probably have been more successful.

The Confidence of the Public in Non-Professional Prescriptions.

The dissertation on "The Confidence of the Public in Non-Professional Prescriptions" elicited the fact that non-professional prescribing was much the same in New Hampshire as in other parts of the country, and that the neighbors and friends of the sick did not feel that they had done their duty

unless they gave a great deal of advice and a prescription for every conceivable ailment. The speaker drew some vivid pictures of the evils of such confidence and cited many cases of irreparable injuries in consequence of the neglect of more rational and intelligent treatment. The paper had many good points and would make a good medical tract for the public to read, for it is too true that the public are quite too much given to self-medication in the way of newspaper prescriptions and neighborly advice.

Morning Session, June 22.

The Society came to order at 8 A. M., and the reports to delegates to other societies and of the secretaries of district societies occupied the time until 9 o'clock, when the following officers were elected:

President—Dr. S. W. Roberts, Wakefield.

Vice-President—Dr. S. C. Whittier, Portsmouth.

Treasurer—Dr. D. Adams, Manchester.

Secretary, Dr. G. P. Conn, Concord.

Executive Committee: Drs. C., R. Walker, Concord; Geo. D. Towne, Manchester; John R. Kimball, Suncook.

Anniversary Chairman—Prof. Wm. T. Smith, Hanover.

A Council of twenty members and a Board of Censors of ten members complete the organization for the coming year.

A good programme was submitted by the Executive Committee for the next annual meeting; and the remaining part of the session was occupied in miscellaneous business and in the report of cases that had occurred in the practice of the members. This proved to be interesting and instructive, for in thus comparing notes, many a member received and imparted new ideas in the management of rare and difficult cases. The meeting was entirely harmonious in its views and the profession are apparently thoroughly alive to the importance of a high standard in medical work. The committee on the History of Medicine and Medical Societies in the State have already accomplished a great deal in their work, and it is safe to predict that when the centennial is celebrated in 1890, the profession of the State will have a full and accurate history to submit to the world that will be an honor to the State and the country.

AMERICAN ORTHOPÆDIC ASSOCIATION.

[Continued from p. 820, REPORTER, June 25, 1887.]

DR. RIDLON, of New York, was convinced that in a number of cases of chronic osteitis

about the joints, recovery would take place under the thorough use of mercury. He related one case, that of a girl whom he treated about two years for ankle joint disease, and when she had about recovered of that disease, it appeared at the shoulder joint. He became convinced that hereditary syphilis had something to do with it, and rubbed in blue ointment, and eight months later the shoulder which had been immovable, and to some extent atrophied, admitted of considerable motion.

Notes on a Case of Pott's Disease.

DR. H. L. TAYLOR, of New York, related a case of Pott's disease, the interesting points in which were, extreme lateral distortion at two points, and prompt rectification by giving antero-posterior support.

Remarks upon the case relating to the question of diagnosis of Pott's disease at a time when marked lateral deformity was the principal symptom, and to the marked benefit derived from an antero-posterior support, where made by Dr. Ridlon, Dr. Ketch, Dr. Shaffer, Dr. Stillman and Dr. Hodgson.

Ischiatic Crutch.

Dr. Judson, of New York, presented an inexpensive ischiatic crutch, for use in case of disease of the knee or ankle joint, or conditions in which otherwise an auxilliary crutch would be required.

Remarks on the advantages of the instrument were made by Dr. Gibney, Dr. Roberts and others.

On Uniting the Tibia and Femur in Excision of the Knee.

DR. MORTON, of Philadelphia, made some remarks upon the use of a strong catgut ligature for tying together the femur and tibia in excision of the knee. He had employed this method in several cases, and had found that union resulted much more quickly than when the limb was put up simply in a fracture box or plaster-of-paris dressing. The surfaces were much more closely approximated, favoring early union. And to hold the joint firmly, it was necessary only to apply a posterior splint fairly molded, and a bandage. Pain, delayed union, suppuration and high temperature, which often attended excision of the knee joint, were avoided by this method.

This principle of fastening together bones which it was desired should unite, he had applied to fracture of the patella. Three or four days after the fracture, he drilled holes through the separated pieces and drew them together by means of catgut: no other treat-

ment was necessary. In this connection Dr. Morton made some remarks upon one cause of non-union in fracture of the patella, namely, the intervention between the bony surfaces of fragments of the tendon.

DR. SHAFFER referred to a case in which, some time after excision of the knee was performed, increasing deformity at that joint took place. It was difficult to decide whether there had been imperfect coaptation of the parts or whether some of the diseased tissue had been left. Careful examination revealed slight motion in the joint.

Thursday, June 16, 2.30 P. M.

Plantar Spring for Flat Foot.

DR. A. S. ROBERTS, of Philadelphia, presented a plantar spring for use in flat foot. He spoke of the frequency of spurious valgus or flat-foot, the pain and debility resulting from it, and the liability of the deformity to be mistaken for rheumatism, neuralgia, or even tarsal osteitis. He described the bony arches of the foot, and the part the second or supplementary one played in support of the superincumbent body weight, together with the changed relations of these parts in the acts of walking, running, dancing, etc. The relation of vessels, ligaments and fasciæ as accessory supports were also described at some length; the weak point of the arch was located where the astragalus rested upon the os calcis, and that in occupations requiring continued standing and walking, the muscular and ligamentous supports of the arch became overtaxed and did not afford proper assistance to the bony arch, as a result of which permanent extension or flattening of the foot resulted.

In speaking of the morbid anatomy, the author stated that in the congenital variety the flattening of the arch, which is incomplete at this period of life, is more apparent than real, owing to the associated valgus which is always present in these somewhat rare conditions. The causes of the acquired varieties were stated to be rachitis, infantile spinal paralysis, rheumatism, and tarsal or ankle-joint osteitis. Bow-legs and knock-knee produce flat-foot symptomatically. These cases generally occur, the speaker went on to say, in adolescence and in those whose occupation compels them to occupy the standing position for a long time. Their gait is characteristic, heavy and dragging; the knee is bent, while the feet are placed gingerly on the ground. In speaking of treatment, special attention was given to the so-called inflammatory form, the speaker

stating that rest, which is essential, could best be attained by the use of tempered steel springs, so made that the convexity of the spring should be at that point where the arch of the foot is most flattened. A great improvement over the narrow spring which was let into the shank of the shoe, had been suggested by Mr. Arthur Lea, in which the spring was much broader, longer, and in addition to supporting the arch of the foot, prevented internal rotation by the extension upwards of flanges from the main body of the spring. Dr. Roberts stated that he had made use of the tempered steel springs in upwards of forty cases, with the most gratifying results in the relief of pain, disability, etc., finding them more convenient than the older forms of plantar support and ankle braces.

DR. KETCH had used this instrument, and said that one advantage which it possessed over similar instruments was that it could be taken out of one shoe and readily placed in another.

DR. SHAFFER, of New York, had noticed in a number of cases of flat-foot, or non-deforming club-foot, that there was shortening of the gastrocnemius muscle, and it had been a question in his mind whether this shortening had occurred first, or whether it followed the giving way of the plantar arch. He was disposed to think that this shortening of the gastrocnemius, lifting the os calcis from the ground, assisted in the development of flat-foot, for the weight was thrown upon the metatarsus. There was increased antero-posterior mobility at the metatarsal joint and limited motion of the os calcis in a direction downward and forward. He thought that recovery was much enhanced by division of the tendo-Achillis.

DR. L. H. SAYRE related a case seeming to support Dr. Shaffer's view, and Dr. Stillman described his method of treatment of flat-foot, which seemed also to owe its advantages partly to the fact that during the treatment, tension was made upon the gastrocnemius.

DR. ROBERTS had seen a considerable number of cases of flat-foot, but in none had he observed marked shortening of the tendo-achillis. Nor was this deformity of the plantar arch encouraged by the abominable fashion among ladies of wearing high heels, which tended to shorten the tendon.

DR. GIBNEY remembered having read an article in the *Lancet*, in which the writer advocated raising the heel for the cure of flat-foot, and said that ballet dancers, who had shortening of the gastrocnemii, had

anything else than flat-foot. Dr. Gibney had had one or two young lady patients study the ballet somewhat, and they had not been under the necessity of wearing the spring for flat-foot.

Hip-Joint Disease.

DR. BRADFORD, of Boston, gave the abstract of a paper containing the history of a case of hip-joint disease. The patient had been considered well for six years, the only evidence of the old disease being ankylosis of the joint. He then died of tetanus, and at the autopsy they were surprised to find caries of the acetabulum and an abscess in the pelvis. There was a small sequestrum on the head of the femur. But the head had become solidified and was strong, so that the patient had been able to walk about well with a stiff joint.

Excision of the Hip-Joint.

DR. L. H. SAYRE related the history of a case of hip-joint disease in a boy twelve years of age, who, two years before he excised the joint, had consulted Dr. H. L. Taylor for supposed disease of the hip-joint. Dr. Sayre operated in February last, first making an exploratory incision over a fluctuating tumour in the gluteal region. He thought the abscess was connected with disease of the ilium and that the joint was not implicated. The difficulty in diagnosis was not cleared up after evacuating the pus until, by manipulation, gella tiniform material exuded, which he regarded as evidence of implication of the joint. Disease of the femur and acetabulum was found and excision was performed. He thought the case was in line with that presented by Dr. Bradford, going to show that hip-joint disease might be present a long time after an apparent cure. The patient had done well since the operation. It was to be noticed that the sister of the boy thought he had always walked as if he had a wooden leg.

DR. SHAFFER thought that the propriety of resorting to excision in disease of the hip-joint in cases presumably calling for it, was less evident than in disease of the knee-joint and other joints, where excision was really practicable. Scraping of the acetabulum was not really excision.

DR. BRADFORD said that it was not customary to perform complete excision of the hip-joint in this country, but that he had seen it done in Europe.

The Missing Link.

DR. GIBNEY presented a specimen received from Dr. Morgan Vance, consisting of an outgrowth from the integument over the

lower sacral region, four or five inches long, removed from a mulatto child.

DR. RIDLON recited the history of two cases, which during the first months pointed to disease of the vertebra in the cervical region, although no knuckle had yet appeared; but after eight months' treatment in one case, and five months' treatment in the other, the error in locating the disease became apparent. The vertebrae really affected were the first dorsal.

Dr. KETCH referred to similar cases.

Psoas Abscess.

DR. BRADFORD gave the histories of five cases, in which he performed Koenig's operation, cutting down and evacuating gaseous matter and fragments of sequestra. All of his patients did well. When there was a large abscess which could not be absorbed, he thought an incision should be made, and the abscess drained thoroughly. He related a case of double iliac abscess so treated.

DR. HOGDEN, of St. Louis, recited five cases of psoas abscess consequent on caries of the spine, treated by aspiration of the abscess. The object of his remarks being to get the opinion of the members on the propriety of such treatment, which, although not new, had not, he thought, received the attention it should. The three methods of treating such abscesses were, the expectant, the operative with drainage and aspiration as soon as the diagnosis of Pott's disease could be made and the presence of pus detected.

The objections to allowing the abscess to take care of itself might be summed up under three heads, namely: there was destruction of tissue, there was interference with function, and there was inconvenience, if not pain, to the patient. The uncertainty of where the abscess would burrow was also an objection to the expectant plan; it might burrow under Poupart's ligament, or point in the gluteal region and do no harm. Yet it might enter the bladder or intestine. In one of his cases he believed it had opened into the hip joint of the same side. In each of his five cases the result after from two to five aspirations had been good. No evidence was left of there ever having been psoas abscess. He did not think that any one would claim that this treatment led to absolute cure, but he did hold that after aspiration of the abscess it might end there; still it might not. He would not aspirate oftener than four or five, or seven times. After that he would put on the plaster-of-paris jacket and let the abscess alone.

DR. SHAFFER, of New York, said that Dr. Hodgen's results with aspiration of psoas abscesses had been much better than his own. In many cases he had found that although there was evidently plenty of pus present, numerous aspirations resulted in the withdrawal of but a small quantity. With regard to the danger of the abscess opening into the bladder or rectum, he had seen several such cases, and if he could have his choice he would always have his abscess open into the rectum. A valvular opening formed, and bad results had not followed. He also had seen several cases in which the abscess had opened into the bladder without serious results.

DR. RIDLON thought that although one or two or even fifteen cases might have occurred in which the abscess following a few aspirations had dried up, it did not prove that aspiration would cure a discharge connected with diseased bone. He had had an extensive experience with such abscesses, and he had repeatedly seen large abscesses dry up without any known cause. He believed in letting the abscesses alone. The fact that they might dry up after aspiration did not prove that aspiration was the cause of it.

DR. KETCH said that Dr. Ridlon's remarks were in accord with those of the orthopædic surgeons of New York during a discussion on the treatment of abscess connected with hip-joint disease recently. The two conditions were similar, and the orthopædists then generally held that the non-interference plan was the best. On the contrary, the general surgeons present advocated active procedures. What had struck Dr. Ketch was the fact that patients with abscess connected with joint or spine disease did much better when wearing a comprehensive support than without; the abscess seemed to pursue a much more benign course.

Improved instruments were presented by Drs. Taylor, Ketch, Stillman and Knickerbocker.

Osteoclasia.

DR. DILLON BROWN presented a lad on whom he had performed osteoclasia. There was a very marked anterior curve which some surgeons thought made the osteoclast inapplicable. This was the only case out of a series of fifteen in which there had been any return of the deformity, although they were put up in plaster for only six weeks, and then allowed to go without a support. Photographs were presented.

Torticollis Due to an Anomaly of Vision.

DR. BRADFORD related the case of a boy twelve years of age, referred to him on ac-

count of supposed torticollis. On examination he found none of the muscles contracted, and no apparent reason for carrying the head on one side. It was found that in order to secure binocular vision the boy had to turn his head to one side in the position of one having torticollis. The oculist to whom he had sent the patient thought he would be able to cure him.

After the election of officers (see REPORTER, June 25, p. 823), the association adjourned. The time and place of meeting in 1888, was left with the executive committee.

TENTH ANNUAL SESSION PENNSYLVANIA PHARMACEUTICAL ASSOCIATION, PHILADELPHIA.

The Pennsylvania Pharmaceutical Association began its tenth annual meeting in Philadelphia, June 14. The Association is composed of all the principal pharmacists in Pennsylvania, and has a large membership.

President Myers, in his annual address, after reviewing the events of the year, referred to many changes in pharmaceutical preparations during the past year. He referred to the passage of the Pharmacy law in this State, and alluded to the fact that the thanks of the association were due to the members of the Legislature who aided and voted for the passage of the bill in the face of determined opposition. Speaking of the new Pharmacy law, he said: "It is probably not all that could be desired or hoped for. Many people seem to have entertained the idea that this law was something got up solely to put money into the pockets of the druggists at the expense of the people. It will take time to educate them to the contrary, but when the true worth of the bill is once understood, all this prejudice will be put away, and at the proper time such amendments tending to perfect it as may be necessary, can easily be obtained."

"The High License Bill," the President, said, "to some may come as a sore affliction; but to the honest, legitimate pharmacist, aside from the fact that it will entail some additional labor, it must present itself as a thing much to be desired. It defines the status of a druggist before the law, who, in the pursuance of his legitimate calling, must dispense a limited amount of intoxicating liquor for medicinal purposes. It is to be hoped another and greater good may emanate from this new license law. We all know, and to the disgrace of true pharmacists, that in many localities the drug store and the rum shop were practically one and the same; or, in other words, in very many

drug stores the sales of liquors for beverages, either at the popular soda fountain, under high sounding names of fancy syrups, or straight and unmixed, made up a very large portion of the daily incomes of these stores. Men are to-day pursuing the liquor traffic as pharmacists who would be ashamed to hang out the sign of retail liquor dealer, which more nearly represents their true calling.

"Passing along one of the principal streets of this city not many months ago, my attention was attracted to the show-window of one of the old pharmacists of Philadelphia by a large display of 'Vinous Rubber Grapes,' hung in clusters, packed in boxes, and otherwise offered as a prominent attraction to passers-by. Brandy, gin, whiskey, and what not else, unblushingly exposed for sale in form 'convenient for a drink' by a pharmacist who deems himself reputable and law-abiding. Nor much better, if any, is the pharmaceutical journal which gives prominence to the advertisements of the 'Vinous Rubber Grapes,' and near by that of the 'Book Phlask,' another form of disguising the sale of—to the unlicensed—unlawful goods; and to these might be added the jobber who places them in the retail trade for the manufacturers."

The President also suggested a closer relation between the medical and pharmaceutical associations, and recommended an exchange of delegates between the State Pharmaceutical and State Medical Societies. He condemned "the growing tendency among some pharmacists towards speculative purchase of leading drugs," notably opium. "This," the President said, "is gambling, pure and simple, and leads but to certain disaster in the end."

I. H. Redsecker, Chairman of the Committee on Legislation, related the experience of his committee in having the Pharmacy bill passed at the last session of the Legislature. Great opposition, he claimed, came from the thirteen doctors, who were members of the House. The bill, he said, was not just what the committee desired, but it was the best obtainable.

Professor Remington said the law places pharmacy in a humiliating position from the fact that a physician with three years' experience can practice pharmacy without an examination, while graduates in colleges of pharmacy of acknowledged reputation are required to pass an examination. He thought the association should record the fact that it deprecates Section 11 of the bill. It is not, he said, that graduates of any college of pharmacy will be afraid of examination by

the State Board before practising their profession, but because pharmaceutical education is ignored and the diplomas of graduates of medical colleges recognized.

Noeggerath on the Results of Gonorrhœa.

(1) "Gonorrhœa in the man, as well as in the woman, persists for the whole life-time, in spite of apparent cure.

(2) "There is a latent gonorrhœa in the man as well as in the woman.

(3) "Latent gonorrhœa in the man as well as in the woman may evoke in a hitherto healthy individual either a latent gonorrhœa or the symptoms of an acute attack.

(4) "Latent gonorrhœa in the woman manifests itself in course of time by perimetritis, acute, chronic, or recurring, or by ovaritis, or as a catarrh of some definite portions of the genital mucous membrane.

(5) "The wives of men who at any time of their lives have had gonorrhœa, are, as a rule, sterile.

(6) "Such women, if they do become pregnant, either abort or bear only one child. Exceptionally three or four children are born.

(7) "From the discharge of a woman affected with latent gonorrhœa, a fungus may be cultivated, which is exactly analogous to that obtained from the discharge of acute gonorrhœa in the man.

"I am only too conscious that not fifty, but five hundred and more observations, and much more extended experiments, are required to impress upon the propositions the stamp of established thesis. I present them simply as the results of my individual investigations."

On the subject of sterility as a consequence of latent gonorrhœa, Noeggerath carries his conclusions further than the evidence produced seems to justify. He maintains that gonorrhœa is a common cause of sterility in the man, producing azoospermia, and he gives cases in proof. He is more convincing in dealing with the analogous effect on women, and he makes out a better case, though here also he leaves an impression of going beyond the record.

Noeggerath never hints at operative treatment, except to condemn it, but it is probable that few chapters have ever been written in more eloquent and telling support of the surgical treatment of this class of ailments than the portion of this short work devoted to treatment. DR. SINCLAIR in *Manchester Medical Chronicle*, June, 1887.

EDITORIAL DEPARTMENT.

PERISCOPE.

Antipyrine and Antifebrine in Headache and Epilepsy.

In a paper on this subject, published in the *N. Y. Medical Journal*, May 28, 1887, Dr. Allan McLane Hamilton recalls the fact that in January last, Ungar related his experience with antipyrine in the treatment of hemicrania, and in March Dr. C. B. Lyman, who had been induced to try the remedy after the publication of Ungar's success, administered it in several cases of neuralgia of the cervical, facial, and supra-orbital or mixed varieties, with more or less benefit. The first of these observers experimented with it as a successor to the salicylates, which have proved to be of great value in his hands in several varieties of headache, and he witnessed no evil results from doses of even twenty-three grains. Lyman used an initial dose of fifteen grains, repeated two or three times if necessary, and relieved the paroxysms, but did not prevent their recurrence. In last March Dr. Hamilton began a trial of this drug, and afterward its successor, antifebrine, in a variety of headaches, in insomnia, and in epilepsy. Some of the cases had been treated with more or less success with the salicylate of sodium, and the usual remedies, and the case of epilepsy were under modified bromide or other treatment. The cases of headache were those of migraine of the angio-spastic and angio-paretic varieties, as well as ordinary facial or sub-occipital neuralgias; and the cases of epilepsy, which were those of the symptomatic form, complicated with objective and subjective indications of cerebral disease, as well as the simpler forms which seemed to be dependent upon continued states of cerebral ischæmia, cerebral instability, etc.

In angio-spastic migraine with evidences of cutaneous anæmia, dilated pupils, and coldness, the headache commencing in the morning, he found both antipyrine and antifebrine would quickly abort the paroxysms after the first dose.

He has used both drugs in cases of habitual insomnia in doses varying from three to eight grains of antifebrine, and ten to twenty of antipyrine, without appreciable result. In a case of maniacal excitement, due to nervous exhaustion and connected with moderate rise of temperature (102° F.), fifteen grains of antipyrine, repeated

twice induced refreshing sleep and a subsidence of excitement. There can be no doubt that, in wakefulness due to general disease, especially with high temperature, the value of both these drugs as hypnotics is very great. It would seem as if both remedies were of value in headaches or cerebral states attended by anæmia, or in the excitement due to cell malnutrition and exhaustion; and, though antipyrine seems to be the more serviceable remedy, it possesses drawbacks which do not belong to antifebrine. It would appear as if both remedies were valueless, or even harmful, in cases of epilepsy, but worthy of a trial in light cases attended by general cerebral vascular spasm and not much muscular movement. In several cases of *petit mal* the good effect of continued doses of antipyrine and antifebrine is manifest; for the losses of consciousness are far less frequent than when the patients were under other treatment. So far as tolerance goes, Dr. Hamilton has given to one patient forty-five grains of antipyrine in two hours without ill effects.

Poisoning by Pennyroyal.

Dr. J. Girling writes as follows to the *British Medical Journal* of June 4, 1887: The rarity of poisoning by pennyroyal, or oleum pulegii [hedeomæ, U. S. P.], is emphasized by the fact that standard works on toxicology, like Guy and Taylor, contain no account of the toxic symptoms produced by this drug, nor any indications as to appropriate treatment. Moreover, I find on inquiry that recurrence to pennyroyal is very common when menstruation has ceased suddenly, and that it can be procured with the utmost facility. These considerations have led me to describe the symptoms and the treatment employed in the following case. About an hour after the drug had been taken I found the patient (a woman, aged 40) in an extremely collapsed condition. The face was pale, cold, and bedewed with beaded sweat, and the hands and feet were cold and clammy. She lay apparently unconscious, but could at first be roused by shaking and shouting to her, rapidly sinking, however, into a state of profound coma. The pupils were normal in size, and responded to light. The action of the heart was exceedingly weak, irregular and fluttering, the pulse at the wrist being scarcely perceptible. The first cardiac sound

was almost inaudible, while there was distinct reduplication of the pulmonary second sound. There was jactitation and feeble retching, with much salivation, but no vomiting and no purging; temperature 97° F. The breath smelt very like peppermint. The treatment adopted was as follows: First, I gave her three-quarters of a tumblerful of water, followed immediately by a hypodermic injection containing one-fifth of a grain of apomorphine. This latter quickly produced the desired effect, the vomited matters having a strong peppermint-like odor. After the vomiting the patient seemed about to die, and having no ether with me I administered brandy hypodermically. The result of this was excellent; the heart-sounds at once began to improve in tone, and the pulse in force, and in twenty-four hours the patient was practically well. Thus the symptoms taken together seem to point to severe cardiac depression, approaching to paralysis, and appear to indicate that pennyroyal should be classed among the narcotic heart poisons. It transpired afterwards that the woman had taken $\frac{3}{4}$ j of the essence of pennyroyal (which she had obtained from a chemist), and which is composed of of $\frac{3}{4}$ j olei pulgell to $\frac{3}{4}$ vii of spirit.

Prostitution and Insanity.

At the first (Moscow) congress of Russian alienists, Dr. Praskovia N. Tarnovskaia, of St. Petersburg, communicated (*Vratch*, No. 9, 1887, p. 216) the results of the anthropometric examination of fifty habitual prostitutes, who had all been inmates of brothels for a period of not less than two years. For the sake of comparison she examined in the same way fifty peasant women of the same age, and as far as possible of the same intellectual development, etc. The results of this—probably unique—investigation may be summed up as follows: 1. The prostitutes presented a shortening amount to half a centimetre, of the antero-posterior and transverse diameters of the skull. 2. As many as 84 per cent. of habitual prostitutes showed various signs of physical degeneration, such as irregularity in the shape of the skull, asymmetry of the face, anomalies of the hard palate, teeth, ears, etc. 3. In 82 per cent. of the prostitutes the parents were habitual drunkards. 4. In 18 per cent. of cases the prostitute examined was the last survivor of a large family of eight to thirteen children, all of whom had died at an early age. 5. These facts afford grounds for the belief that prostitutes, as a class, furnish the largest contingent of subjects predisposed to

nervous and mental affections. There is no special work in any language on this subject, nor are there any statistics as to the number of prostitutes yearly admitted to asylums. Dr. Tarnovskia urged the desirability of collecting such statistics for the purpose of determining the part which professional prostitution plays in the causation of mental and nervous disease.

Massage in Traumatic Orchitis and Epididymitis.

In the *Meditzinskoie Obozrenie*, No. i, 1887, p. 41, Dr. Evgeny D. Kürduemoff, of the Moscow Military Hospital, says that he recently tried the massage treatment in three cases of orchitis and in two of epididymitis, all the patients being soldiers who had received some injury to the parts, in the course of gymnastic exercises, etc. Massage was resorted to, with the view of bringing about a resolution of the painful induration and enlargement, on the 7th, 11th, 14th and 15th day of the disease, after ordinary means had failed. The treatment was carried out once a day, and the number of sittings required varied from five to ten, each lasting from ten to twenty minutes. The manipulations consisted in alternate centripetal rubbing and kneading of the epididymis, testis, and hypogastric region. The results were most satisfactory. The swelling and induration seemed to "melt away under the hand." In every case the pain, tenderness, and feeling of weight diminished after the first sitting. In no case were any unpleasant secondary effects observed. Dr. Kürduemoff thinks that massage may also advantageously be tried in the initial stage of acute inflammation of the testicle, with the object of removing congestion, and promoting absorption of serous infiltration, as well as in plastic orchitis.

Resistance to Toxic Agents by the Fasting Individual.

At a recent meeting of the Paris Biological Society, M. Roger communicated a note on the effect of fasting on the power of the animal economy to resist the action of poisonous alkaloids. In a former paper he showed that the liver, when containing glycogen, was capable of arresting a part of the alkaloids passing through the organ into the system. When a 1 in 400 solution of sulpho-vinate of quinine was injected into a peripheral vein of a rabbit in the proportion of 6 centigrammes to every kilogramme of the weight of the animal, it was found to produce a toxic effect, whereas a dose of 16

centigrammes to the kilogramme was required to produce death when the same substance was injected into a portal vein. When the animal had fasted for twenty-four hours a larger dose was required. If glucose be added to the solution injected, however, or, if three hours before the experiment, a certain quantity of sugar be given, the liver again becomes capable of arresting part of the alkaloid. The effect of neutral sulphate of atropine on rabbits which had been deprived of food for twenty-six hours showed that the animal resisted the poison better in the fasting than in the normal state. After five days of fasting, when the liver no longer contained glycogen, the organ was found incapable of arresting nicotine.

Green Stools of Infancy.

M. Hayem has recently presented before the *Académie de Médecine*, a paper upon the treatment of the green diarrhoea in early infancy and on the microbial nature of this affection. He at first undertook to combat the gastro-intestinal troubles of very young children by means of various treatments previously in use; of these hydrochloric acid gave the most permanent result. Lactic acid was found useful but of less efficiency. Finally, having observed that the admission to the *crèche* of an infant attacked with green diarrhoea was the signal for the appearance of similar evacuations among the infants in the same apartment, he reflected upon the possible contagion from these green stools, and instituted prophylactic measures against such contagion, this consisted in the speedy removal of the cloths soiled by the dejections and matter vomited, and these cloths were washed in a one per cent. solution of bichloride or mercury. Since this period the green diarrhoea has ceased to prevail in the *crèche* of the Hospital St. Antoine. M. Hayem and M. Lesage, his interne, have succeeded in proving that the green color of the stools was due to a special bacillus, the penetration of which into the system and the intestine may be recognized by the phenomena of green diarrhoea.

This observation is of great interest as explaining the good results of the internal administration of antiseptic remedies in these affections.

Expulsion of a Pin from the Lung, after Sixteen Years—Acute Phthisis.

Dr. Colquhoun reports in the *Australian Medical Journal*, the case of E. W. A., æt. 21, suffering from acute phthisis in an ad-

vanced stage, and was much exhausted by a journey from the country. The right lung was dull from base to apex; the left apex had broken down, and there were the usual signs of acute general pulmonary tuberculosis. The other organs of the body were apparently unaffected. There was said to be no trace of phthisical history in her family, and I saw her father and mother subsequently, and found them to be strong and healthy. She had profuse expectoration, night sweats, cessation of menses, and rapid emaciation. The amount of expectoration continued very great, and on May 15, she coughed up three fragments of a pin—much eroded and very brittle. Her mother stated that she distinctly remembered that her daughter "swallowed a shawl pin when she was between the age of four and five years." Some days after spitting up the pin she died.

Syrup of Superphosphate of Iron and Oxygen.

DR. RICHARDSON, in *The Asclepiad*, No. 14, gives the following useful formula:

Syrup of superphosphate of iron, solution of peroxide of hydrogen (ten-volume strength), pure glycerine—of each a fluidounce. Mix. To make a mixture of three ounces. Dose for an adult, from one to two fluidrachms two or three times a day in three ounces of water.

It can be made to combine with tincture of nux vomica, with strychnine, and morphine, codeine, quinine, salicine, or any other agent which does not by its presence disturb or liberate the oxygen from the peroxide.

The syrup, as it is, is a most useful remedy in cases of a neurasthenic type, and especially when anæmia is also present. In an instance of pure anæmia treated with the syrup in combination with an occasional saline purgative, I have seen more rapid results toward recovery than from any ferruginous remedy I have hitherto employed under similar circumstances.

Therapeutic Scraps.

Terpin Hydrate has been found of value as an expectorant and diuretic.

Dr. J. G. Ellis has had good results from the internal use of stillingia in croup.

Apomorphine given in nauseating doses has been found, by Dr. C. L. Dana, to break up hysterical attacks.

Cannabin Tannate has given good results in the treatment of the agitation which precedes delirium tremens.

Gelsemine in one-two hundredth of a grain dose has been used with advantage in the treatment of yellow fever.

Succus Papaya rapidly dissolves the membrane of croup if a five per cent. solution be locally applied by means of a hair pencil.

British and Colonial Druggist states that twenty grains of a one per cent. strophanthin ointment rubbed into the arm reduces the pulse beats and cardiac pulsations.

Dr. A. F. Pattee (New York Medical Journal) has found antipyrin of great value in lung hæmorrhage, probably from the influence which antipyrin exerts over nervous agitation, a condition which accompanies and aggravates hæmorrhage of the lungs.

In a discussion at a meeting of the Medical Society of New York county, Dr. Fox stated that in some cases of baldness, local treatment sufficed to remove the abnormal condition of the scalp on which the alopecia depended. In other cases there was a good condition of the scalp, and baldness occurred in consequence of other causes, such as exhaustion of the nervous system, etc., and in those cases a general tonic and hygienic treatment might produce restoration of the hair or arrest its falling. Then there were cases of inevitable baldness, beginning as a small spot upon the vertex, or going up from the forehead, and in which the only thing which could be done was "to make the best of it." He doubted whether the style of hat had anything to do with causing baldness.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT LITERATURE.

—In Richard Ely's "Labor Movement in America," there is a statement which seems worthy of closer consideration from a medical standpoint: "The Shakers [who are celibates] live to be very old. There had been three deaths at Mt. Lebanon during the year previous to my visit; two brothers aged 87 and 91 respectively; one sister, 138. One of the sisters told me that the brother of 87 could in his last year run a race with any of the boys. She said also that his mental vigor was remarkable to the last. Daniel Fraser is between 80 and 90, and his intellectual powers seem entirely unimpaired. . . Among the Economites one may see men and women of 70 and 80 still hale and hearty."

—The twenty-second volume of the "Encyclopædia Britannica," completing the letter "S," is now ready. The principal literary

and scientific articles are, "The sonnet," by Mr. Theodore Watts; "Sophocles," by Professor Campbell; "Spanish Literature," by M. Morel Fatio, the first Spanish scholar in Europe; "Swedish Literature," by Mr. Gosse; "Syriac Literature," by Professor Wright; "Dean Stanley," by the present dean of Westminster; "Socrates," by H. Jackson; "Stoics," by D. Hicks; "Slavs," by Mr. Morfill; "Slavery," by Dr. Ingram; "Skeleton," by Prof. St. George Mivart; "Sponges," by Dr. Solias; "Steam-engine," by Professor Ewing; "Sun," by Mr. Lockyer; "Surface," by Professor Cayley; "Surgery," by Professor Chiene and three other contributors; "Spiritualism," by Mrs. Henry Sidgwick; and "Sword," by Prof. F. Pollock.

—The illustrations in Professor D. A. Sargent's article on "The Physical Proportions of the Typical Man," which appear in *Scribner's Magazine* for July, are from photographs of athletes, and diagrams furnished by the author. This article will be of special interest to young men engaged in outdoor sports and general athletics, and will also be of unusual value to teachers and parents as a guide to them in the physical development of their pupils and children.

BOOK NOTICES.

Stricture of the Urethra: its diagnosis and treatment facilitated by the use of new and simple instruments. By E. Distin-Maddick, F. R. C. S., Edin., etc. 8vo, pp. 154.

This book is evidently the work of a conscientious and pains-taking surgeon, who has studied his subject very carefully. It contains many valuable suggestions as to the treatment of strictures, especially by bougies or catheter. Again and again the author emphasizes the necessity for gentleness and delicacy in the manifestation required in these procedures, and points out the temptations to and the dangers of haste or roughness. In this we can heartily endorse his teaching. We can also recommend to our readers his views as to the importance of considering the constitutional state of patients suffering with stricture.

As to the "new instruments" referred to in the title, we cannot speak so positively, in view of the fact that they have not yet—so far as we know—reached this side of the Atlantic.

THE Medical and Surgical Reporter.

**A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.**

N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER will be published in each number. The edition for this week is 10,000.

THE NEW VOLUME OF THE REPORTER.

With this issue the MEDICAL AND SURGICAL REPORTER begins its 57th volume. For 34 years it has been going to a very large number of subscribers, and it has come to be one of the best means of communication between the members of the medical profession in the United States and abroad.

On May 1st, of this year, the present editors assumed control of its management, determined to spare no pains to make it even a better medical journal than it has been in the past. They have already made certain improvements in its appearance and in the character of its contents, but the beginning of a new volume gives them an opportunity to do more.

The new volume is to be printed with entirely new and very legible type, on better paper than has heretofore been used, and with a wider and handsomer page.

The best writers in the country will contribute to its columns, and it will still present as its leading features the terse, practical observations of its practical

subscribers everywhere. Valuable hospital reports, condensed society reports, carefully prepared abstracts from other journals, brief notes and comments, and items of news, will keep our readers informed as to what is going on at home and abroad.

The novel feature of liberal cash payments for all published contributions to the Original Department will result in the advantage of all concerned.

The editors are strongly opposed to the fallacious policy of so-called "impersonal journalism." While they do not necessarily share the opinions of all their contributors, they hold themselves individually and jointly responsible for the *character and tone* of the journal from cover to cover.

The REPORTER is the exponent of no commercial interest. It is a *professional* journal in the strictest sense, and its editors look to their professional brethren for that support which is earned by a first-class journal conducted upon these principles.

THE MONUMENT TO BENJAMIN RUSH.

On first consideration of the report of the treasurer of the Rush Monument Fund the promoters of this fund might have cause to be discouraged. This is not the case however. They well know it has been the history of similar efforts in the past. Witness the Washington Monument, or, of more recent date, the Garfield and Grant memorials. The committee in charge, therefore, resolved to redouble their efforts and not to allow any act to be wanting, that may contribute to the success of the object of the American Medical Association, which at this late day desires to honor Benjamin Rush, the Sydenham of America.

In spite of a moderately thorough canvas, we learn that the contributions thus far, from the State of Pennsylvania, are comparatively insignificant. The medical profession of this State should gladly welcome a chance to honor Rush, the Physician.

The University of Pennsylvania and the alumni of that venerable institution should contribute handsomely for the honor of Rush, the Teacher and Scholar. The State of Pennsylvania, though most tardily, should recognize by a large donation the valuable services of Rush, the Statesman. And the city of Philadelphia should in this manner pay tribute to the man whom she should have

enrolled among the first of her many charitable citizens for his services in the yellow fever and other epidemics,—Rush, the Philanthropist.

We trust the medical profession will not turn a deaf ear to this appeal for a most worthy object.

A DOCTOR SHOT.

A sad story comes from New York of a physician of Williamsburgh, who was murdered in cold blood by the husband of one of his patients. The reason given for the shooting may be inferred from the relation of the doctor's patient to the murderer. The facts of the case will no doubt be made known in due time. But before they are known it may be worth while to consider the risks which a physician may run in the discharge of his duty. The first risk is to his own character. The relations of a physician to his women patients are often so intimate that one who has not firm principles to sustain him may give way, and shame, and disgrace, or even death may follow.

On the other hand, there can be no doubt that weak designing women may bring any or all of these catastrophes upon the head of an innocent man. As Potiphar's wife accused Joseph, so in modern times have men, who have resisted a thousand temptations, been accused. No virtue and no prudence can protect a man wholly against such accusations; nevertheless a medical man may lead such a life, and enjoy such a reputation for purity that a false accusation is in the highest degree unlikely to be made against him, and if made, it will be very unlikely to be believed.

To the credit of our profession it may be said that above all others it is distinguished for the faithfulness and integrity with which it performs the most difficult and most dangerous offices. It is a glory that in spite of occasional accusations and rare wrongs, it still retains the confidence of the community, which implicitly trusts to the physician that which it holds most sacred. This confidence rests upon the honor of every man in the profession, and let every man cherish it and make it stronger by his own integrity.

A HANGING EXPERIMENT.

In discussing the probable hanging of a young man convicted of murder, one Richard Allen, a citizen of Vincenttown, N. J., recently expressed the belief that hanging was painless, and said any one could avoid being strangled by the rope,

by holding his chin in a certain position. As his hearers doubted the statement, Mr. Allen agreed to give a practical illustration of his statement, by allowing them to string him up for a minute or so, provided they would allow him to adjust the noose. This was done, and his friends pulled him up. But the rope fouled, and, before they could cut him down, he was unconscious. At first it was feared he was dead, but he finally recovered consciousness.

The rapidity with which this foolish man became unconscious furnishes some confirmation of an opinion recently expressed to the French Academy of Science, by Brown-Séquard, that congestion of the larynx produces an inhibitory action upon the medulla and respiratory centres, and may be the cause of that in hanging, when the neck is unbroken and when there is no complete obstruction to the entrance of air to the lungs.

BLISTERS FOR INFANTS.

The lamented Achambault, whose experience and clinical judgment no one will question, closed a lesson upon the employment of blisters in the treatment of infants with these words: "If I am still in doubt as to the good effects which I have thought I might attribute to blisters in some rare cases, I am absolutely convinced of their bad influence in a great number of cases; and, to speak more concisely, I am not sure that I have ever seen them do good, while I am very certain that they have often done much harm."

It will do no harm to recall from time to time some precept, which will put us on guard against ourselves. Let us reflect upon the wise words of Dr. Archambault which we have above quoted, and, when we apply a blister to a young child, let us not fear in following his counsels to err by excessive caution. "I was surprised," said Archambault, "to see one of my old preceptors prescribe blisters which seemed to me extremely small. 'In ordering a large blister,' said he to me, 'I am not very sure to do good, and I may do harm. With a very small one I do not fear this latter result.'"

IDEAS AND INDEXES.

Every literary production which contains many distinct subjects of thought should be accompanied by an index. Other things being equal, the size of the index indicates the number distinct concepts discussed in the body of the work.

The index which accompanied the last

number of the REPORTER occupied twenty pages of fine type, and gives a clue to the chief ideas presented in the journal during the past six months. Instead of allowing the index to crowd out the reading matter of that issue we adopted the rather unusual and expensive method of adding one form of sixteen pages to the thirty-two which every week constitute the regular body of the journal. This left us still four pages in debt to our subscribers, a debt which it gives us pleasure to expunge in the four extra pages of the present number.

NOTES AND COMMENTS.

Quinine in Infantile Colic.

There is a disease, known among old women as *three-months colic*, that torments infants, and not them alone, unfortunately, for they are none the worse for wear. Would that the same could be said of parents, nurses and neighbors. Such a disease really and truly does exist, but, in my reading, not in the text-books, or if so it appears under another name. The age at which it develops is generally about the second week after birth. During the day the infant sleeps sweetly and soundly, but as the shades of night deepen the little stranger begins to exercise his lungs, which practice he continues for from two to eight hours. Purgative, Dewee's carminative, calomel, *et sui generis*, alleviate, palliate somewhat the suffering of the little screamer. The bowels are hard, the legs drawn up, rumblings are heard over the abdomen, and frequently an escape of gas is followed by complete relief of pain. From having made the night up to this time hideous, he relapses into angelic sweetness. We flatter ourselves that the key to the disease has been found, and address ourselves with renewed energy to the digestion, using largely the carminatives, purgatives, etc. Thus we continue day after day, and the child serenely, night after night, continues his serenade. As said before, he is none the worse for wear; he thrives on adversity. No babies are healthier-looking, fatter or so plump. I have had two such children in my own family, or rather one went the full three months despite all and every remedy he took, and five doctors and all the old women tried their hands on him without relief. He could take a drachm of paregoric at a dose when two months old and other narcotics in proportion. He finally wore it out, I reckon; I am sure he did every one else. The other boy started

off in the same way and so continued for two weeks, when I concluded, what I ought to have seen before, that the disease being periodical in character, and not attended with fever, was neuralgic, and that I would give him the benefit of the great antiperiodic, quinine. After the first night the neuralgia of the bowels was *cured*, and did not return for fourteen days, when, as by magic, it again vanished under the potent drug. I have used it in every case of this kind since, and with the same unvarying and gratifying success. It might be urged that the disease was malarial, but the absence of fever and the sweating stage, and the continual growth of the child, I think negative this view. My friend and colleague, Dr. Taliaferro, tells me that three of his children afflicted him with the affection in question, and resisted all curative agents. I have had in my practice the pleasure of curing about eight cases, all that I have seen, since this mode of procedure was first adopted by me, and so far as I know it is original with me. Dr. James A. Gray has tried this treatment and informs me, with success in every case. I submit these notes for the benefit of both parents and the child. I used the following formula:

R. Quin. sulph. gr. ix.
Hydg. chlo. mit. gr. iii.
M. ft. chart. ix.

Sig.—One at 9, 12 and 3 each day.

Prof. J. S. Todd, M. D., in *Atlanta Medical and Surgical Journal* for June, 1887.

Anæsthesia by Vibration.

In the June number of the *Independent Practitioner*, Dr. F. H. Brimmer, of Minneapolis, gives an interesting account of a dental operation in which he practically anæsthetized the pulp of a sound tooth by holding a rapidly revolving spear-shaped drill in contact with it for fifteen or twenty seconds, so lightly as only to transmit the vibrations. The drill was then pressed against the tooth with a little more force, and, the sensibility being found diminished, was allowed to penetrate perhaps a third of the distance to the pulp, when it was used again as at first. At the third trial the drill entered the pulp. Crystals of carbolic acid were then forced to the end of the root with a probe, and in twenty-three minutes the tooth was cut off and properly shaped for a crown, which was set on the following day. Dr. Brimmer remarks that the mitigation of sensibility by means of the dental engine is not a new idea. He thinks that the reason that its employment is not more commonly successful is that the operator allows the in-

strument to make progress at the same time. The theory is that there is a limit to nervous conductivity, and that the conduction of the vibrations exhausts it for the time being.

MODERN TREATMENT OF COMMON DISEASES.

Diarrhea of Children.

Sensemann recommends the subnitrate of bismuth, gr. iij-vj hourly, as almost a specific. Rossbach praises naphthalin, though not wholly free from irritating effects upon the kidneys and bladder. It is best given in doses of gr. $\frac{1}{3}$ -ij-xv several times daily, in keratin or gelatin coated pills. Sansom gives calcium sulphocarbonate for infantile diarrhea. On account of its ready solubility it is the best of chalk preparations. Ten parts contain 1.8 parts of calcium. Stephenson recommends phosphate of sodium in small doses for diarrhea infantum, and in chronic catarrh of the small intestines and dyspepsia of children, Mayr uses pasta guarana (guarana uva) as an astringent, in doses of gr. v-xx with sugar, three times daily. A widely used remedy in diarrhea infantum is cornu cervi raspatum as a decoction.

- R Cornu cervi rasp. 3 xij
 Ext. glycyrrhizæ. 3 ijss
 Cort. cinnam. cass. 3 ss
 M.—Make into a tea.

Another remedy well recommended is cascarilla bark; take ℥iv; macerate for half an hour in 3xx hot water, filter and add cinnamon syrup 3v. Sig.—A teaspoonful every hour.

Wendt gives the following for chronic diarrhea infantum:

- Extr. calumbæ. 3 j
 Decoct. salep. 3 ijss
 Elæo sacch.* sceniculi 3 iv

M. Sig.—One teaspoonful hourly (*to be shaken.*)

For gastric and intestinal catarrh of child a safe prescription is:

- Hydrarg. chlor. mite. gr. $\frac{1}{4}$
 Pulv. gummos. gr. vijss

M.—Make into 10 powers. Sig.—One every three hours.

For the same with green-colored stools:

- R Hydrarg. chlor. mite. gr. $\frac{1}{4}$
 Pulv. rad. rhei. gr. $\frac{3}{4}$
 Conch. praep. gr. ivss

M.—Make into 8 powders. Sig.—One powder three or four times daily.

* [An intimate combination of ethereal oil and sugar, grt j to 3ss. Used when the oil is to be added to a liquid; to disguise an unpleasant taste; adjuvant to powders; and lastly as a vehicle of the ethereal oil itself. Frequently used by the Germans.]

Lebert advises logwood, 3i boiled in water 3iv and strained. To this add 3vijss of simple syrup. Sig.—A teaspoonful hourly.

For diarrhea of children with acid stomach is recommended:

- R Sodii bicarb. gr. xv
 Mucilag. gummi arab. 3 iv
 Tinct. rhei. aquos. 3 ss
 Syr. aurant. cort. 3 vijss

M. Sig.—A teaspoonful every one or two hours.

For weakness of digestion and asthenic diarrhea Wendt gives:

- R Rhizom. calami. 3 ss
 In aqua ferv. q.s. and filter; add;
 Gummi arab. 3 j
 Sacchari 3 ij

M. Sig.—A teaspoonful every two hours.

Ipecacuanha root is recommended by Guéneau de Mussy in diarrhea infantum.

The following formulæ are largely used in the early stages of the summer diarrhea of children:

- R Tinct. opii deodorat. ℥ xvi
 Bismuth. subnitrat. 3 ij
 Syrupi. 3 ij
 Misturæ cretæ. 3 xiv

M. Sig.—Shake: One teaspoonful every two to four hours.

- Bismuth subnitrat. 3 ij
 Pulv. ipecac. comp. gr. ix

M.—Make it into twelve powders. Sig.—One powder every three hours.

For cholera infantum the following is serviceable:

- R Tinct. opii deodorat. ℥ xvi
 Spts. ammon. aromat. 3 j
 Bismuth. subnitrat. 3 ij
 Syrupi. 3 ss
 Misturæ cretæ. 3 iss

M. Sig.—One teaspoonful every two or three hours.*

For the more chronic cases of these complaints muriatic acid and pepsin saccharat. may with advantage be substituted for the chalk.

Money advises the following:

- R Bismuth. subnit. gr. iv
 Sodæ bicarb. gr. iv
 Pulv. tragac. co. gr. iij
 Spt. chlorof. ℥ ij
 Aq. carui. 3 ij t.d.s.

When improvement has set in, and to succeed the other agents, Goodhart recommends:

- R Liquor ferri. nitratis.
 Acidi nitrici dil. āā. 3 ss
 Syrupi zingiberis. 3 j

Aquæ q.s. ad 3 ij M.
 Sig.—One teaspoonful three times daily, for a child of two years.

* An infant of six months can take one-half the dose of the last three formulæ above given, and one of three months, one-third the dose.

Conby, of Paris, describes the symptomatology and etiology of this affection, stating that, in Paris, the mortality from this disease during the summer is 600 per month. He advises the use of dietetic measures, the subnitrate of bismuth and laudanum. In the severer cases the writer recommends the following prescriptions which we quote from the *Medical News*, June 25th, 1887:

Aque destillat.,.....3 12½
Syrup lydon.,.....3 5
Acid hydrochloric. dil.,.....℥ 8—M.

Sig. Teaspoonful every two hours.

Sacch. pulver.,.....3 2½
Naphthalin.,.....gr. 15
Iodoform.,.....gr. 3
Ol. bergamot.,.....gtt. 2—M.

Ft. in chart. 20 in num.

Sig. One powder every hour, in milk.

Naphthalin.,.....gr. 8
Spirit. vini gallici.,.....3 2½
Syrup. altheæ.,.....3 12½ M.

Sig. To be taken during twenty-four hours, in teaspoonful or coffee spoonful doses.—

CORRESPONDENCE.

Quinine in Pneumonia.

EDS. MED. AND SURG. REPORTER:

Your invitation to contribute further to the value of quinine in pneumonia, was perhaps made without knowing that the paper briefly reported in the discussion of Dr. Ripley's paper, has since been published *in extenso* in the *New York Medical Journal*, (May 28, and June 4th.) To this paper I would now beg leave to refer. In addition I would observe: That it seems to me that Dr. Ripley's data were too few for the conclusions based on them, and the investigation started from a conception of quinine altogether too narrow. That the temperature of the patient should not be reduced within twelve hours after taking the drug, would show indeed that as a symptomatic antipyretic quinine was inferior to many others. It does not, however, by any means follow that quinine is valueless in pneumonia; for it is far from true that the principal indication in pneumonia is the reduction of temperature.

It is indeed difficult to explain why the views on the dangers of high temperatures which have grown up from the study of continued fevers, should have become applied to fever of brief duration like pneumonia. Whether the rise of temperature in this disease be simply symptomatic of the pulmonary inflammation, or whether that and the fever be coincident symptoms of an un-

derlying morbid agency, the importance of a fall of temperature lies in the proof thus (generally) afforded, of an arrest of the morbid process. The fever rarely lasts long enough in pneumonia to cause organic degenerations, when it becomes symptomatically dangerous by causing convulsions, or even by threatening functional paralysis of the heart, it cannot to-day be denied that we possess more prompt and potent agencies to combat it than quinine. The real value of quinine remains unchanged; to lessen pulmonary congestion, to increase the force of the heart by increasing both its diastolic and (indirectly) its systolic movement; to (probably) directly influence the nervous force both of the cardiac ganglia and the central nervous system.

In the paper referred to, I have tried to show where, for these purposes, moderate doses of quinine were preferable to large doses, and why we might anticipate danger from the latter. But I do not understand Dr. Corson's general denunciation of quinine as a dangerous agent.

It is very certain that in malarial districts, as Dr. Maxwell remarks, many cases of extensive pulmonary congestion are simply an expression of malarial poisoning, of the same nature as other visceral congestions, of the spleen, or liver, or stomach. I remember seeing a case in the wards of M. Michael Peter, in Paris, where an overwhelming pulmonary congestion was apparently dissipated by venesection, and the Professor utilized the case in a brilliant clinical lecture upon the occasional timeliness of this now almost obsolete method. But on the third day from the bleeding, all the symptoms and all the physical signs returned. The patient was then treated by quinine, as if for a tertian ague, and was rapidly cured.

The greatest difficulty in the administration of quinine to children, is certainly its tendency to produce vomiting, and this may not unfrequently necessitate its cessation. Still, the method of divided doses, (2½ grains at 6 p. m., the same at 7 p. m., again at 7 and 8 a. m.,) succeeds in large numbers of cases, every one knows that the administration of quinine in intermittent fever was for a long time opposed on the ground that it would increase the gastric irritation which usually existed then; that the rule was laid down to make every effort to allay this irritation in order to "prepare the system" for the quinine, only the frequent failure of such preparation, and consequent necessity of administering quinine while all the symptoms of gastric irritation persisted, finally

showed that these were not necessarily, nor even usually, aggravated by the drug.

The utility of quinine in chronic pneumonia, where consolidation (non tuberculous,) persists after desferescence, is a most interesting fact, and not apparently the best known. It seems to me to strangely confirm the view that quinine is useful, not for the fever of pneumonia, but to antagonize the congestion of tissue surrounding the hepatized portions of the lung.

M. PUTMAN JACOBI, M. D.

110 W. 34th St., New York City.

The Proper Mode of Preparing Ferric Salicylate, or Mistaro Ferro-Salicylata.

EDS. MED. AND SURG. REPORTER.

In the endeavor to mix the following formula: Sodii salicylatis, \mathfrak{z} iv; glycerini, $\mathfrak{f}\mathfrak{z}$ ij; ol. gaultheriæ, \mathfrak{m} xx, tr. ferri chloridi, $\mathfrak{f}\mathfrak{z}$ lv; acidi citrici, gr. x; liq. ammonii citrat., (B. P.) q.s., $\mathfrak{f}\mathfrak{z}$ iv; for the production of ferric salicylate, I found that not only was active effervescence produced, but an inky mixture resulted attended with a dark precipitate as soon as the tr. ferri chloridi was added; but after much rubbing together with the addition of the liq. ammonii citrat., the inky appearance of the solution disappeared, and it assumed a reddish-brown color. In order to avoid the inky appearance of the mixture, and the effervescence during the preparation of the formula, I devised the following, which obviated these objections:

R. Liq. ammonii citrat., (B. P.)... $\mathfrak{f}\mathfrak{z}$ jss
Acidi citrici,..... gr. x
Tr. ferri chloridi,..... $\mathfrak{f}\mathfrak{z}$ iv
Glycerin,..... $\mathfrak{f}\mathfrak{z}$ ij
Ol. gaultheriæ,..... \mathfrak{m} xx
Sodii salicylatis,..... \mathfrak{z} iv

M.

The mixture should be made in a graduated glass measure of eight ounce capacity. Into it should be first put the ounce and a-half of liq. ammonii citrat., then add the ten grains of citric acid; and after the slight effervescence ceases, pour in the tr. ferri chloridi, and stir well with a spatula until all effervescence ceases; then put the two ounces of glycerine, by measure, in another glass, and add to it the twenty drops of ol. gaultheria, and mix intimately with a spatula; and when well mixed pour it into the first part of the mixture, and stir well together with the spatula; then finally add the \mathfrak{z} iv of sodii salicylatis, and stir well until all the salicylate of soda is dissolved, and a beautiful wine-red solution will be the result, ready for use; measuring four fluid ounces.

Each fluid drachm contains seven and a-half grs. of sodii salicylatis, and seven and a-half drops of tr. ferri chloride. I have found it better to begin with a teaspoonful dose in a half wine-glass of water, three or four times a day, and gradually increase the dose to two teaspoonfuls four times a day. In the treatment of rheumatic affections of either an acute or chronic character, I usually add twenty drops of the tincture of colchicum seed to each drachm of the solution, and if the heart's action is weak and palpitating, I also add to each drachm, ten drops of tincture of digitalis. Persons suffering with anæmia always complain of palpitating of the heart, and the addition of the tincture of digitalis to the ferric salicylate mixture always increases its beneficial effects.

J. B. JOHNSON, M. D.

Washington City, D. C., June 20, 1887.

Treatment of Goitre.

EDITORS MED. AND SUR. REPORTER:

Sirs:—Please give your experience in the treatment of Goitre by the Hypodermic method, giving injection used, if any, and strength.

O. C. STRICKLER.

New Ulm, Minn., May 5, 1887.

[The treatment of goitre by injection into the tumor has many warm advocates, is practiced with safety in the great run of cases, but is always attended with risk. Cohen * says: "I have heard of fatal results following these injections, so shortly as to be attributable to the operation. In one instance the tumor had been injected several times with impunity, but the patient died in the carriage in which she was being transported as usual to her residence." For our own part, in view of the possibility of fatal accident in a disease not of itself fatal, we have not felt justified in resorting to the method.

Mere hypodermic injections—over the tumor—are usually of ergotine, and in most cases fruitless. Injections into the substance of the gland are chosen with reference to the nature of the goitre and the effect desired. Cystic goitres are usually evacuated by puncture with a trocar, and the cavity injected with alcohol, carbolic acid, tincture of iodine, or tincture of chloride of iron. The injection is retained in position for minutes, or even hours, by plugging the cannula, the idea being to excite adhesive inflammation. Carbolic acid may be injected without evacuation of the cyst—one to two or three drops of the undiluted acid. Fibrous goitres

* Diseases of Throat, etc., 2d Edition, N. Y., 1879, p. 711.

may be injected with the hope of exciting suppurative inflammation, with disappearance of the tumor by absorption, or by spontaneous or artificial discharge. In this case irritating substances are used, such as tincture of chloride of iron, five drops and upwards, or Fowler's solution up to ten drops, etc.

If the idea be to promote absorption, preparations of iodine are employed, such as tincture of iodine, five to thirty drops. Other solutions sometimes used with good effect are: Carbolic acid, 1-5 drops; saturated solution of ergotine, 5-30 drops; osmic acid, 1-10 drops of a one per-cent. solution, etc.

We should advise our correspondent to try inunctions, such, for example, as iodine in lanolin, 20-30 grs. to the ounce, before resorting to injections.—EDITORS OF THE REPORTER.]

Bichloride of Methylene.

EDS. MED. AND SURG. REPORTER :

Will you kindly inform me through the REPORTER if the Bichloride of Methylene has come into very extended or general use as an anesthetic, and what is its relative value compared with chloroform or ether? Does Spencer Wells still use it in preference to other anesthetics in Ovariectomy? Who makes a pure article? What is its cost? By answering the above you will greatly oblige a constant reader. W. N. SHERMAN.

Winslow, Arizona, May 5, '87.

[We have referred this letter to Dr. Lawrence Turnbull, who has kindly sent the reply that appears on another page. If Dr. Sherman will write to any of the manufacturing chemists who advertise in the "REPORTER," he will receive reliable information as to cost, etc. We have made it a rule to exclude all commercial matters from the reading-matter pages of the REPORTER, and although, as now, adherence to this principle makes us sometimes appear disobliging, we are sure the principle is right. Our subscribers pay for thirty-two pages of new ideas every week; to insinuate into those pages any masked advertisement, or so-called "reading-notice," or anything which could be construed as such is to defraud the subscriber and lower the dignity of the Journal.

—EDITORS OF THE REPORTER.]

—Two plugs of tobacco placed in a jug of whisky by a small boy caused fifteen cases of tyrotoxicon ice cream poisoning at a recent festival.—*Western Druggist*.

Homœopathy.

EDS. MED. AND SURG. REPORTER :

The question has been asked whether homœopathy is on the increase, and, if so, the cause. I can answer emphatically *yes*. Many are having a very lucrative practice, from the fact that they make a visit and furnish the medicine for one dollar, while the regulars charge for visit and prescription two dollars, and in addition the druggist will charge from 75 cents to \$1.50 very often, which makes it very expensive, besides the trouble of going after it; and, at night time, matters are delayed in rousing up the druggist, etc. Then, too, many are fearing mistakes. Then, again, many look back to former days, when doctors furnished their medicines; and they were excellent doctors. I know from personal observation that those who furnish their medicine are getting very fine practice, and I verily believe the time is not far distant when the regulars will be compelled to furnish their remedies, which could be done with much less labor than forty-five years ago, when I commenced the practice of medicine. I observe another fact, that many druggists are becoming wealthy in a few years. Many patients go to them for advice and medicine to avoid the doctor's fee, and they have the very best formulas on hand to resort to. I remember, five years ago, I gave Maj. King a prescription for cough mixture, at a time of general colds. It had the desired effect, and, becoming known in that locality, the druggist put up in one week over twenty bottles of "Maj. King's cough syrup." Now, if I had furnished the medicine, I should have had the benefit.

DR. P. P. WERNER.

Washington, D. C., June 18th, 1887.

Pleasant to Take.

EDS. MED. AND SUR. REPORTER :

I am very glad to observe that you "know a good thing when you see it," and that you are very honorable in giving credit for your *Excerpta*. The paragraph on a Method of Inducing Respiration in Newly-born Infants, was published originally as a *letter* in the REPORTER, vol. lvi., p. 527, and in the same journal amplified to the proportions of a *communication*, vol. lvi., p. 230. Of course, this coming home of the chickens to roost, is very pleasant to the writer, who likes to see his "bairns respected like the lave."

I am glad to observe that the REPORTER loses nothing of its vigor by the change of editors, notwithstanding the transposition was extremely sudden.

I shall watch the gladiatorship of Messrs. Corson and Maxwell with considerable interest, as my connection with cases of pneumonia as well as my use of quinia has been somewhat unique and suggestive—to myself, at least. I wish you great success in your journalistic career, and the principles upon which you make your foundation are such as I believe are sure to bring about this desirable result.

I am very truly and sincerely yours,
E. T. BLACKWELL.
Cedarville, N. J., June 14, 1887.

EDS. MED. AND SURG. REPORTER:

As the books of the REPORTER will show, I have been a subscriber for quite a number of years, and I do not now intend to deprive my *patients* of its benefit to myself, and through me to themselves. * * *

C. A. CHATHAM, M. D.
Dawson, Ga., June 23d, 1887.

EDS. MED. & SURG. REPORTER:

I think you are improving the REPORTER. Being an old friend of the journal, I am glad to see it.

Respectfully yours, R. G. ALLEN, M.D.
Washington, Ill., June 22, 1887.

NEWS AND MISCELLANY.

The Care of Milk.

The subject of tyrotoxinon, the peculiar poisonous ptomaine developed in the incipient decomposition of milk and cheese, has become identified with the name of Prof. Vaughan, of Ann Arbor, Mich. The very suggestive and instructive studies of this observer lead us to believe that in many cases of summer diarrhoea in infants, the symptoms of irritation are caused by the development of the ptomaine in question. In the *Medical News* of June 18, 1887, Prof. Vaughan presents the following practical points in regard to the relation of milk deterioration to cholera infantum:

Preventive measures will consist for the most part in attention to diet, and especially to milk. I have drawn up the following rules concerning the care of milk:

1. The cow should be healthy, and the milk of any animal which seems indisposed should not be mixed with that from the perfectly healthy animals.

2. Cows must not be fed upon swill, or the refuse of breweries, or glucose factories, or any other fermented food.

3. Cows must not be allowed to drink stagnant water; but must have free access to pure, fresh water.

4. Cows must not be heated or worried before being milked.

5. The pasture must be free from noxious weeds, and the barn and yard must be kept clean.

6. The udders should be washed, if at all dirty, before the milking.

7. The milk must be at once thoroughly cooled. This is best done by placing the milk can in a tank of cold spring water or ice water, the water being of the same depth as the milk in the can. It would be well if the water in the tank could be kept flowing; indeed, this will be necessary, unless ice water is used. The tank should be thoroughly cleaned every day, to prevent bad odors. The can should remain uncovered during the cooling, and the milk should be gently stirred. The temperature should be reduced to 60° F. within an hour. The can should remain in the cold water until ready for delivery.

8. In the summer, when ready for delivery, the top should be placed on the can and a cloth wet in cold water should be spread over the can, or refrigerator cans may be used. At no season should the milk be frozen; but no buyer should receive milk which has a temperature higher than 65° F.

9. After the milk has been received by the consumer, it should be kept in a perfectly clean place free from dust, at a temperature not exceeding 60° F. Milk should not be allowed to stand uncovered, even for a short time, in sleeping or living rooms. In many of the better houses in the country and villages, and occasionally in the cities, the drain from the refrigerator leads into a cesspool or kitchen-drain; this is highly dangerous; there should be no connection between the refrigerator and any receptacle of filth.

10. The only vessels in which milk should be kept are tin, glass, or porcelain. After using the vessel it should be scalded, and then, if possible, exposed to the air.

—A committee of the Association of German physicians has sent a circular to the directors of all the gymnasia of Germany, asking them to dissuade students from adopting the medical profession. Accompanying the circular are statistics which show the proportion between the number of physicians licensed each year and the number who die or retire from the profession.

Hepatic Erysipelas.

The Paris correspondent of the "British Medical Journal" says: "In the 'France Médicale,' Dr. Louis Boucher recently described a case of hepatic erysipelas in a woman aged sixty-three. Eighteen years previously she had received a blow on the right side of the abdomen. Bilious fever, with severe jaundice, gastric disturbance, and obstinate constipation ensued. The menopause occurred without any complications. In 1879 the patient was attacked with erysipelas, after violent hepatic pains, which lasted two days. On January 3, 1887, she was suddenly seized with fever and tremors and a recurrence of the hepatic pain. The temperature was 39.2° C. (102.4° F.), the pulse 120. The urine was deep red; the tongue white. She complained of intense pain in the region of the liver, which was hot, as if it were the seat of inflammation. No alteration of shape could be detected. An opium-poultice was applied, and a sedative given at night. The following day the patient was very restless; her sleep had been interrupted by nightmare and starts; the fever was worse. Ten centigrammes of extract of digitaline were ordered every hour. Toward night the pains in the liver disappeared, but the throat was dry, there were pains in the ear, and the face became swollen. On January 6th, well-marked erysipelas showed itself, and spread from the lobe of the ear over the right side of the face; the temperature fell to 38° C. (100.4° F.). Recovery took place in a few days. . . ."

Distilled Water in Eye Lotions.

Physicians and pharmacists generally assume that distilled water is the best means of dissolving drugs, and in the great majority of instances this is undoubtedly the case. As a rule, the solvent should be absolutely pure and neutral in itself; but in some instances this very neutrality of the solvent may interfere with the intended action of the substance dissolved. A curious illustration of this exception to the rule was given some time ago by an eminent English oculist in a communication to a London journal. Our readers know that an aqueous solution of boracic acid is one of the most useful of eye lotions; but we remember that, as prescribed for the writer several years ago by one of the best oculists in this city, the order was for "ten grains in *distilled water*." Our English expert, however, says he has found that when the lotion is made of distilled water, its use is attended with some discomfort and smarting; and,

what is more singular, the irritation is even greater when there is no boracic acid in solution. "Anybody," he says "can verify for himself that a drop of distilled water in the eye seems to be a most unpleasant and foreign element."

The simple explanation of this is, that well or spring water contains salts in solution which make it slightly alkaline, thus rendering it somewhat more neutral to the conjunctiva, a tissue ordinarily bathed in the lachrymal secretion, which contains about one per cent. of solids, chiefly chloride of sodium, or common salt. The addition of two grains and a half of this salt to the ounce of distilled water renders any lotion for the eye more soothing and more beneficial. This, our friend says, he has verified by experience; and we commend the fact to the attention of oculists and others interested.—*Popular Science News*.

Illegitimacy in Europe.

An editorial in the *Medical Record*, June 18, 1887, states that Dr. H. Holland, of Westfield, Mass., has collected some statistics which show a most striking increase in the number of illegitimate births in Europe. In Austria over one-half the births are illegitimate. In Vienna, among 1000 births 509 are illegitimates; at Prague, 505. In Styria, Carinthia and Olmutz, the ratio is from 646 to 702 illegitimates out of 1000 births! A high rate of illegitimacy seems to prevail throughout Germany.

The proportion of illegitimates in Paris is 1 to 3, in all France 1 to 12, in Great Britain 1 to 15, in Spain 1 to 18.4, in the Netherlands 1 to 23, in Italy 1 to 27.8, and in Greece 1 to 78.6. The low rates are due to the population being more largely rural. During ten years Austria had nearly a million of illegitimate births.

A point of great medical interest is the fact that illegitimates are apt to be victims of disease. In many respects they are inferior to legitimates. They are often conceived during a debauch, or in moments of intoxication, and are likely to be brought up in neglect, poverty, and misery. According to Bouchut, the mortality among foundlings in Paris is fifty-five per cent. in the first year of life, and sixty-three per cent. in the second year of life. Such a rate is far greater than exists in many other cities; but it indicates the excessive amount of disease among this unfortunate class.

Dr. Holland quotes Legoyt as stating that the number of illegitimate births is increasing in Europe.

Scintillations by the Late Dr. Moxon.

A posthumous volume of Dr. Moxon's aphorisms has just been issued, from which we extract a few isolated gems:

"Knowledge is fuel, not fire."

"He [the physician] cannot classify diseases, because what he knows of them is not comparable knowledge. For while one disease is a pain in the leg, and another a growth in the stomach, and another a spider in the skin, the classification of them is worse than mixing incompatibles—it is mixing things indifferent. It is like trying to mix the solar spectrum and the key of C major with essence of peppermint."

"I pity the lecturer on medicine: he is under the greatest of all burdens—the burden of the uncommunicable; and you are happy when he is one of those great men who can nearly say what cannot be said."

"Without the doses three times a day, the service would not go on; they unite the attention of doctor, patient, nurse, and friend in a periodic series of efforts, something not unlike those little yells a group of sailors make in turn when they are hauling hard on a cable, without which it appears the cable would never come along, although there is no apparent force in the noises they make. A doctor without physic is like a priest without a creed, or a poet without a rhyme."

"Knowledge is not power. Power arises by training in the use of knowledge. Consider the difference between training and teaching. The teacher carries over the things he knows, and fixes them in the learner's memory; the trainer takes what is in the memory, and converts it into an organ for the pupil's own use."

Colonial and International Congress on Inebriety.

This Congress will be held in London, Eng., on Wednesday, July 6th, 1887. The following papers are announced:

Norman Kerr, M. D., F. L. S., President, Opening Address—"Inebriety, a Disease requiring medical, moral, and legislative treatment." Mons. le Chevalier Max Proskowetz de Proskow-Marstorff, President of the Austrian Inebriety Society, "Inebriety in Austria." N. S. Davis, M. D., President International Medical Congress, "Inebriety, a Disease." Professor Binz, Bonn, "The German Law on Inebriety." Dr. Moeller, Brussels, "Inebriety in Belgium, from a Medical and Legal point of view." Clark Bell, Esq., Ex-president Medico-Legal So-

ciety of New York, "Jurisprudence of Inebriety." Joseph Parrish, M. D., President American Inebriety Society, "American Inebriety." T. D. Crothers, M. D., Editor *Quarterly Journal of Inebriety* "Rise and Progress of Remedial Treatment of Inebriety." E. C. Mann, M. D., Brooklyn, U. S. A., "Pathology of Inebriety." L. D. Mason, M. D., Consulting Physician, Fort Hamilton Home for Inebriates, "The Relation of Disease to Inebriety." Rev. Dr. De Colleville, Brighton, "Continental Legislation for Inebriates." Rev. J. W. Horsley, M. A., "A Prison Chaplain's Observations on Inebriety." Alfred Carpenter, M. D., J. P., "The Meeting-place of Vice and Disease." Surgeon Major Pringle, M. D., "Homicidal and Suicidal Inebriety." President, "Colonial Legislation for Inebriates."

All the Visitors to the Congress and others interested in the inebriate are invited to a Reception to Dr. T. D. Crothers, Hon. Sec. of the American Association for the Cure of Inebriates and Editor of the *Quarterly Journal of Inebriety*, by the President and Council of the Society for the Study of Inebriety, in the Rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, London, W., on Tuesday Afternoon, 5th July, 1887, at four o'clock p.m. Tea and Coffee.

Homœopathy as it is.

The *Medical Times*, a homœopathic journal of New York, says: "We do not believe there is a single member of the faculties of the so-called homœopathic college, in New York and Philadelphia who does not almost daily administer remedies which in no sense can be called homœopathic. In name they are sectarian, fighting with all their force for a name which binds them to exclusive practice, and yet in the sick-room unsectarian, broad and liberal, bringing to their aid facts and suggestions culled from a large reading of the literature and experience of all schools. Dr. T. F. Allen, at one time one of the most enthusiastic apostles of so-called high-dilution homœopathy, now admits that it is unreliable and delusive, and says that homœopathy should be taught in all medical schools, but it should constitute only a part of the course of study. We do not hold that homœopathy is the exclusive and only law of healing."

—At Valparaiso, Chili, up to May 21st, there had been 899 cases of cholera and 628 deaths. In Quillota there had been 1959 cases and 1002 deaths.

Food Adulterations.

Much attention has been attracted of late to the presence of dangerous ingredients in certain articles used by confectioners and bakers, and especially to lead chromate, which is used as a coloring agent for cakes. Cream-puffs have been found to contain appreciable quantities of the salt and now it has been detected also in cinnamon cake.

Dr. Henry Leffman has recently analyzed a piece of a cinnamon cake which had been furnished him by Medical Inspector Taylor, of the Philadelphia Board of Health, and reported that an examination of the sample showed very decided indications of lead.

Dr. Leffman added that there appeared to be a sufficient amount of lead in the sample inspected to constitute a case of chronic poisoning if similar cake was constantly eaten.

A Vindication.

Among the proceedings of the Kentucky State Medical Society, at its recent meeting, at Paducah, we note that the following resolutions were unanimously adopted:

Resolved. That the recent published attack upon the personal and professional reputation of Dr. Dudley S. Reynolds is unfounded and unjust.

Resolved. That the Kentucky State Medical Society in regular session assembled, bear testimony to the high professional and social standing of Dr. Reynolds, and repel the aspersions against a physician who for fifteen years has ranked among its foremost members.

We congratulate our colleague upon this action of his State Society and upon the good will and appreciation of which it is an evidence.

Picture of Charcot's Clinic.

In the *Scientific American* supplement, No. 598, June 18, 1887, there is a very interesting copy of a painting by M. André Brouillet, which was exhibited in the season of 1887, and which represents a clinic of Prof. Charcot, in the Hospital Salpêtrière. The professor is represented as lecturing upon a subject affected with hysteria. In his presence there is a large number of eminent men whose names are familiar ones in medical science, and whose faces it is interesting to see. The picture is one which attracted much attention in Paris, and will prove interesting everywhere.

Coriaria Thymifolia.

According to *Der Pharmaceut*, *Coriaria thymifolia*, growing in New Grenada, can appropriately be called "Ink Plant." The juice, at first red, turns beautifully black in contact with the air. This juice, called *chami* by the natives, can be used for writing just as it comes from the plant. It does not corrode steel pens.

Prize.

The Alumni Association of the College of Physicians and Surgeons of New York offer a prize of five hundred dollars, open for competition to the Alumni of the school, for the best essay upon any medical subject which may be submitted to the committee.

Reception to Dr. R. J. Lewis.

The medical profession of Philadelphia gave a reception at the Hotel Bellevue on Tuesday evening, June 21st, to Dr. R. J. Lewis, on the occasion of his retirement from active professional work.

Items.

—Diogenes would find it much easier to-day to find an honest doctor than to find one who has never given gaseous enemata.

—Dr. Schüller, a physiologist, intends to establish soon in Munich an "academy for the art of hygienic cooking."

—Dr. L. Turnbull will leave in July for Jamestown, R. I., and will remain until October 1st.

—Artificial pepper is prepared and sold in Hungary. It consists of wheat flour impregnated with an alcoholic tincture of pepper, and dried.

—A young lady giving her experience in a dentist's chair, said it was hardly as agreeable as a box at the opera, but better than being run over by the cars.

—Dr. C. B. Nancrede, has accepted an invitation to deliver the Course of Lectures on Surgery at Dartmouth College, New Hampshire, in the absence of Dr. P. S. Connor, in Europe. The course begins July 13th.

—"And what would you prescribe for the baby?" asked an anxious father of an absent-minded physician. "Oh! the usual thing," returned he. "Perfect quiet; no worry, exercise, amusement; no coffee; no spirits, and smoking only in moderation."

—*Exchange.*

—Dr. Emery, of Brooklyn, reports the poisoning of thirty-two boys at an orphan asylum, from chewing the inner bark of the locust tree, which had been stripped from fence posts. This, we believe, is the first instance on record of poisoning from this cause. Locust bark should be investigated chemically.

OBITUARY.

DR. EDGAR FENN PECK.

Dr. Edgar Fenn Peck, who died June 21st, in Brooklyn, in his eighty-first year, was half a century ago one of the most active and useful citizens of New York. Dr. Peck was born in Dutchess county, N. Y., September 20th, 1806. He was a lineal descendant of Joseph Peck, who came over with Davenport's colony to New Haven in 1638. Dr. Peck removed to New York in 1831.

DR. WOOLSEY JOHNSON.

Dr. Woolsey Johnson, Health Commissioner of New York, died June 21st of Bright's disease, at the New York Hospital, where he had been for several weeks. Dr. Johnson was about fifty years old. In 1881 Mayor Cooper appointed him Health Commissioner for a term of six years, which ended May, 1887. He was a member of the New York County Medical Society and of the Academy of Medicine. He was attending physician at the New York Hospital, and surgeon for the Eye and Ear Infirmary.

DR. EZRA MICHENER.

Dr. Michener, a prominent physician of Chester Co., Pa., died at his home in Toughkenamon, June 24th, in his ninety-third year. He was a noted scientific writer and student of natural history.

DR. R. FOWLER.

At Eudora, Miss., on June 18th, 1887, Dr. R. Fowler, aged fifty years. His death occurred as a result of paralysis.

Official List of Changes of Stations and Duties of Officers.

Medical Corps of the Navy, for the week ending June 25, 1887:

Inspector, C. J. Cleborne, ordered for examination preliminary to promotion as Medical Director.

P. Asst. Surgeon, G. P. Lumsden, ordered to receiving-ship Franklin, Norfolk, Va.

Medical Director, P. J. Horwitz, permission to leave the United States for six months.

Asst. Surgeon, H. N. Harris, commissioned Asst. Surgeon in the Navy, June 13, 1887.

Medical Inspector, J. C. Spear, detached from Naval Laboratory and granted three months' leave.

Medical Director, Delevan Bloodgood, detached from Naval Hospital, Norfolk, Va., and ordered to the Naval Laboratory.

Medical Inspector, Michael Bradley, ordered to Naval Hospital, Norfolk, Va.

P. A. Surgeon, H. G. Beyer, remain on present duty until September 1, 1887.

P. A. Surgeon, C. G. Herndon, remain on present duty until June 17, 1888.

Stations and Duties of Officers serving in the Medical Department, U. S. Army, from June 19, 1887, to June 25, 1887:

Col. Chas. Sutherland, Surgeon, granted one month's leave of absence, with permission to apply for an extension of one month. S. O. 126, Div. of the Atlantic, June 23, 1887.

Lt. Col. A. K. Smith, Surgeon, will be relieved from duty at West Point, N. Y., on September 30, 1887, instead of August, 1887. S. O. 144, A. G. O., June 23, 1887.

Major C. H. Alden, Surgeon, leave of absence extended to include September 29, 1887. S. O. 144, A. G. O., June 23, 1887.

Major J. H. Bartholf, Surgeon, granted leave of absence for two months, to take effect about July 5, 1887. S. O. 141, A. G. O., June 20, 1887.

Capt. Charles Richard, Asst. Surgeon, sick leave extended two months on surgeon's certificate of disability. S. O. 139, A. G. O., June 17, 1887.

Capt. Ino. J. Cochran, Asst. Surgeon, granted leave of absence for one month. S. O. 143, A. G. O., June 22, 1887.

First Lieut. Wm. N. Suter, Asst. Surgeon, designated as medical officer for the Rifle Camp at Creedmoor, N. Y., July 5, 1887. S. O. 124, Div. Atlantic, June 21, 1887.

United States Marine Hospital Service for the week ended June 25, 1887:

Guitéras, John, Passed Asst. Surgeon, detailed for temporary duty at Key West, Fla., June 23, 1887.

Wasdin, Eugene, Passed Asst. Surgeon, relieved from duty at Marine Hospital, New York, N. Y.; ordered to Marine Hospital, Chicago, Ill., June 23, 1887.

Norman, Seaton, Asst. Surgeon, to proceed to Charleston, S. C., for temporary duty, June 23, 1887.

Heath, F. C., Asst. Surgeon, relieved from duty at Chicago, Ill., June 23, 1887.